

FILED NOV 10 1942

Registration District No. 48-157

Primary Registration District No. 3-020-30-28

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
In this community 36 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Diamond, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Cecil Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 488-16-0430

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased July 15 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Thomas Smith
13. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Zadie Shively
15. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Smith
(b) Address Route 1, Diamond, Missouri

17. (a) Burial (b) Date thereof Oct. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Missouri

19. (a) 10/13/42 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11 year 1942 hour 8:15 minute 2 M.

21. I hereby certify that I attended the deceased from October 4 1942 to Oct 11 1942 that I last saw him alive on October 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis with peritonitis

Duration

1 wk

Due to _____

Due to 12:11

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Appendicitis perforated with peritonitis
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of work) (e) Means of injury MI

23. Signature W Russell Smith M. D. or other _____
Address 10-11-42 Carthage, Mo. Date signed 10-12-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
1
3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: P. W. Kneel

Licensed Embalmer No. 814

P. O. Address: Carlton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.