

FILED NOV 5 1942
Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaBelle
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town LaBelle
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Tilden Smith

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena C. Smith 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 8th 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 7 Oct., 1942 to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the _____ and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>14</u>	_____ hr. _____ min.

Immediate cause of death Coronary Heart failure

Due to Disease of the Myocardium

Due to Phleg of blood vessel

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Monticello, Lewis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: 934

Of operations ✓

Of autopsy ✓

11. Industry or business _____

12. Name William H. Smith

13. Birthplace Zaneville, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Dilts

15. Birthplace Zaneville, Ohio
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Lena C. Smith

(b) Address LaBelle, Mo.

17. (a) Burial (b) Date thereof 10 - 25 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle, Elm Grove Cnty.

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? _____

18. (a) Signature of funeral director Norman P. Lada

(b) Address LaBelle, Mo.

19. (a) 10/30/42 (b) F. W. Jennings
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature F. W. Jennings (M. D. or other) _____

Address LaBelle Mo. Date signed 10-22-42

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Duration
30-4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 11-42-1960

Date Filed NOV - 4 1942

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 Norman D. Coaker

Licensed Embalmer No. 3721

P.O. Address LaBelle, 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, above space should be left blank.