

FILED NOV 6 1942

Registration District No. 290

Primary Registration District No. 4431

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Dixon
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1942 hour..... minute 4:25 P.M.
21. I hereby certify that I attended the deceased from
Jan 10 - 1942 to Oct 26, 1942
that I last saw him alive on Oct - 26 -, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Leukemia

3. (a) PRINT FULL NAME Vernon Floyd Smith

3. (b) If veteran, name war..... 3. (c) Social Security NO 496-18-5448

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malbe Smith 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased: 4 (Month) 8 (Day) 1906 (Year)

8. AGE: Years 36 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Camden County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Truck operator

11. Industry or business.....

MOTHER FATHER { 12. Name William Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Grass
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Malbe Smith
(b) Address Dixon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Aston Cemetery

18. (a) Signature of funeral director Fred H. Peters
(b) Address Dixon, Mo

19. (a) 11-1-1942 (Date received local registrar) (b) Chas M. D'odd (Registrar's signature)

Due to.....
Due to 174a
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 place) (e) Means of injury.....

23. Signature A. E. Grider (M. D. or other)
Address Dixon, Mo Date signed 11/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

85
00

85
0

4P

1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Alaska County Health Officer

File Number 11-42-195

Date Filed 11-5-42

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.....

October 26, 1942

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address... Sigler, Me

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.