

FILED DEC 11 1942

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 125

85  
00

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Union Twn.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(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 Missouri (b) County Pulaski

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

(d) Street No. Near Dixon  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Louis Alfred Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased September 22, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u> 65	<u>2</u>	<u>3</u>	..... hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business.....

12. Name Daniel C. Smith

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Elizabeth Allen

15. Birthplace Kentucky (City, town, or county) (State or foreign country) /

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert  
(b) Address Dixon, Missouri

19. (a) 12-3-1942 (Date received local registrar) (b) Lohas M. Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1942 hour..... minute 8 P. M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to Nov 27 1942  
that I last saw him alive on Nov 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cardiac hypertrophy  
mitral insufficiency  
auricular fibrillation

Due to.....

Due to.....

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) Means of injury.....

23. Signature Douley Gates (M. D. or other) D.O.  
Address Brinkdown, Mo Date signed 11/27/42

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

RECEIVED

Pulaski County Health Officer

File Number 12-42-211

Date Filed 12-9-42

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.....

November 25, 1942

Registered Apprentice No. ....

working under my personal supervision.

Signed *Fred W. Gillen*

Licensed Embalmer No. 2541

P. O. Address Dixon, 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.