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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 319 Primary Registration District No. 2000

State File No. 40798
Registrar's No. 882

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 day.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Texas 107
(c) City or town HOUSTON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Samuel Lee Smith
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M.
5. Color or race wht
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Feb (Month) 14 (Day) 1923 (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	9	26	hr. min.

9. Birthplace Huggins (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Sheet Metal Worker
11. Industry or business Defense work - unemployed at present
MOTHER FATHER
12. Name Henry Viet Smith
13. Birthplace Huggins (City, town, or county) Mo (State or foreign country) 0
14. Maiden name Ruth Alice Sallee
15. Birthplace Upton (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Warren Smith, Bro.
(b) Address Houston Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON, MO.
18. (a) Signature of funeral director H. H. LOHMEYER
(b) Address SPRINGFIELD, MO.
19. (a) 12-12-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 10 year 1942 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 12/10/42 Sawyer to , 19 ; that I last saw him alive on 12/10/42 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Head injury Either fracture or boat or severe Edema, 2 fracture femur. — Duration
Due to
Due to Collision with fixed object.
Other conditions Carran into embankment (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy
170 c 21

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) Accident
(b) Date of occurrence 12/9/42 year 107
(c) Where did injury occur? Houston (City or town) ~~Mo~~ (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury Automobile accident
23. Signature H. A. Lowe (M. D. or other)
Address Springfield, Mo Date signed 12/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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

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