

Registration District No. 275

Primary Registration District No. 6096

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

1. PLACE OF DEATH:

(a) County Schuylers  
(b) City or town Rural  
(c) Name of hospital or institution: Home Glenwood Me. 1  
(d) Length of stay: In hospital or institution none  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers  
(c) City or town Rural  
(d) Street No. Glenwood, Mo  
(e) Citizen of foreign country? no  
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin W. Boise Smoyer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Harriett Smoyer 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: (Month) 11 (Day) 2 (Year) 1855

8. AGE: Years 87 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Lewis County Mo

10. Usual occupation Farmer

11. Industry or business

12. Name John Smoyer

13. Birthplace Ohio

14. Maiden name Marion Fritzsche

15. Birthplace Ohio

16. (a) Informant Dr. Johnson

(b) Address Glenwood Mo

17. (a) Burial (b) Date thereof 1 18 '43

(c) Place: burial or cremation Biles

18. (a) Signature of funeral director B. O. Fenton

(b) Address Lancaster Mo

19. (a) Jan 20 1943 (b) A. A. Justice

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1943 hour 10 minute 30 P.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 16 1943 that I last saw him alive on Jan 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Infermities of age

Due to

Due to

Other conditions Bronchial Pneumonia

Major findings: Of operations None

Of autopsy None

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 A. A. Johnson (M. D. or other)

Address Glenwood Mo Date signed 1/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-43-179

Date Filed FEB 9 1927

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

P. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.