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

Registration District No. **338**

Primary Registration District No. **4501**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stoddard**

(b) City or town **Bloomfield**
(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 **Mo** (b) County **Stoddard** ¹⁰³

(c) City or town **Bloomfield** ²
(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 _____

3. (a) PRINT FULL NAME **Guy Smith**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8** year **1943** hour **8** minute **30** a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 13 - 1850**
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **by natural causes probably due to his advanced age**
jury verdict

Duration _____

8. AGE: Years **93** Months **-** Days **25** If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) **167 lb**

9. Birthplace **Salina, Mo.** **Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **Not Known**

13. Birthplace **Not Known** ⁹
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known** ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. C. H. Morgan**

(b) Address **Bloomfield, Mo.**

17. (a) Burial (b) Date thereof **2/8/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bloomfield, Mo.**

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

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

(b) Date of occurrence **Feb 8 - 1943**

(c) Where did injury occur? **Bloomfield, Stoddard Mo.**
(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 **Charles Montgomery**

(b) Address **Bloomfield, Mo.**

19. (a) **Feb 10, 1943** (b) **Earl Glum**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury **3**

23. Signature **Pres. Neary** for _____
Address **Bloomfield, Mo.** Date signed **2-8-43**

RECEIVED

District Health Office No.

District File Number 343-35

Date Filed 3-8-43

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 Decided was not Embalmed

..... Licensed Embalmer No.....

..... P. O. Address.....

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.