No. 73
5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18708

State File No.

FILED JUN 8 1943

Registration District No. 275

Primary Registration District No. 305-3

Registrar's No. ### 50

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

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/4 hr. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Phelps 81
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. 3, Newburg, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Millard Eugene Smith
3. (b) If veteran, name war: —
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Georgena Fink Smith
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: January (Month) 10 (Day) 1916 (Year)

8. AGE: Years 27 Months 3 Days 21 If less than one day hr. min.

9. Birthplace: Phelps Co (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: William M. Smith
13. Birthplace: Unknown (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name: Lula Bell Thomas
15. Birthplace: Phelps Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: W. M. Smith
(b) Address: Rt. 3 Newburg, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Roach Cemetery
18. (a) Signature of funeral director: Alfred J. Smith
(b) Address: Rolla Mo
19. (a) 5/10, 1943 (Date received local registrar) (b) Hallie Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from 9:30 PM May 1, 1943, to May 1, 1943, that I last saw him alive on (10:15 PM) May 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture — Duration
third degree burn over body
Due to: Train and automobile accident Auto loaded with
Due to: gasoline.
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: No
Of autopsy: No

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 0 91
(b) Date of occurrence: May 1, 1943
(c) Where did injury occur? Rolla, Phelps, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place. (Specify type of place)
While at work? Yes. (e) Means of injury: Train v. auto Collision
23. Signature: Clifford McFarlane (M. D. or other)
Address: Rolla Mo Date signed 5/3/43

(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 J. H. Hallow

Licensed Embalmer No. 3643

P. O. Address Cuba, Mo.

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

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