

U.S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X3275

20725

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4021

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Audrain

(b) City or town Ladonna, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution Home  
(Specify whether)

In this community 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Ladonna, Mo 4  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LYNN SMITH

3. (b) If veteran, name war no 3. (c) Social Security No. 497-07-0077

4. Sex male 5. Color or race White

6. (b) Name of husband or wife Rona G Smith 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 19-1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paris Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Wm Thomas Smith

13. Birthplace Paris Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Susan Helm

15. Birthplace Paris Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rona G Smith

(b) Address Ladonna Mo

17. (a) Burial (b) Date thereof June 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Ladonna, Mo

18. (a) Signature of funeral director H. G. Grainger

(b) Address Ladonna, Mo

19. (a) 6-24-43 (b) J. W. Watkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from June, 18  
1943 to June 23, 1943  
that I last saw him alive on June, 23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Appoplexy  
Duration 6 Day

Due to Hypertension 1 Yr

Due to Chronic Nephritis 1 Yr

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) D.O.

Address Ladonna, Mo. Date signed 6/24/43

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

4  
0  
0

8761 91 70F

RECEIVED

District Health Officer No. 10

District File Number 7-43-1122

Date Filed JUL 3 1943

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.....

*H. G. Granger*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. G. Granger*

Licensed Embalmer No. 1297

P. O. Address Ladonia, 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.