

FILED JUL 2 1948

Registration District No. 249

Primary Registration District No. 43713

Registrar's No.

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Elmo**

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 years** (Specify whether years, months or days)

In this community **5 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Elmo** (If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Henry Robett Smith**

3. (b) If-veteran, **no** name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7** year **1943** hour **7:40** minute **7** A.M.

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Veda Smith**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 16 1878**

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2/27** **1943** to **June 7** **1943**

that I last saw him alive on **June 6** **1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pericardial Effusion**

of Nodaway

Duration **8 yr**

8. AGE: Years **64** Months **11** Days **21** If less than one day hr. min.

Due to **Heart**

Due to

9. Birthplace **Princeville Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name **Robert H. Smith**

13. Birthplace **Princeville Ill** (City, town, or county) (State or foreign country)

14. Maiden name **Alice Fryer**

15. Birthplace **Princeville Ill** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Veda Smith**

(b) Address **Elmo Mo**

17. (a) (Burial, cremation, or removal) **burial** (b) Date thereof **6-9-43**

(c) Place: burial or cremation **Elmo cemetery**

18. (a) Signature of funeral director **Grace Humeathorne**

(b) Address **Maryville Mo**

19. (a) **6-11-43** (Date received local registrar) (b) **Mrs. Veda Smith** (Registrar's signature)

Major findings: Of operations

Of autopsy

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?

23. Signature **W. J. Ferguson** (M. D. or other)

Address **Elmo Mo** Date signed **6/11/43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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JUL 27 1948

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..... *W. M. L. Gie*.....

Licensed Embalmer No..... *2539*.....

P. O. Address..... *Marville*.....

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.