

FILED SEP 9 1943

Primary Registration District No. 4093

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town EAST LYNNE
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town East Lynne, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME GENE F. SMITH

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1943 hour 10 minute _____ A.M.

4. Sex M

5. Color or race Wh.

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

6. (b) Name of husband or wife JOSEPHINE SMITH

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased AUG. 7 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4 1943 to August 26 1943; that I last saw him alive on August 25 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>19</u>	_____ hr. _____ min.

Immediate cause of death: Myocardial Degeneration

Due to Apoplexy

Duration 7 days.

9. Birthplace BOWLING GREEN KY
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation FARMER

Major findings: 93d

11. Industry or business

12. Name John Smith

13. Birthplace BOWLING GREEN KY
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy _____

14. Maiden name MARY E. HOWARD

15. Birthplace BOWLING GREEN KY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Josephine Smith

(b) Address East Lynne Mo

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? _____

(c) Place: burial or cremation Garden City Mo.

18. (a) Signature of funeral director A. D. Nantzler

(b) Address East Lynne Mo

While at work? _____ (Specify type of place)

(b) Means of injury _____

19. (a) 9/2, 1943 (b) Margaret Toller
(Date received local registrar) (Registrar's signature)

23. Signature Dr. E. Everett (M. D. or other) Dr.

Address Harrisonville Mo Date signed 8/27/43

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.....

Licensed Embalmer No. 2717

P. O. Address..... East Lyme

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, above space should be left blank.