

NOV 10 1943

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Galloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 1 - 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 3 mo. 8 days
(Specify whether years, months or days)
In this community 5 yrs. 3 mo. 8 days

3. (a) PRINT FULL NAME Henry Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sallie Ormel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Kalamazoo Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name U.K.
13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Corbett
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie Ormel, Court St.

(b) Address Fulton

17. (a) Burial (b) Date thereof Oct. 31 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Prairie

18. (a) Signature of funeral director Leo H. Wallace

(b) Address Fulton Mo

19. (a) 10-31-1943 (b) Joia Morant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Galloway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. Court Street 17
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1943 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from Oct. 24
1943 to Oct 27 1943

that I last saw him alive on Oct 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration _____

Due to self inflicted opening of hernia resulting in infection

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 104d
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) suicide
(b) Date of occurrence Oct. 26 - 43
(c) Where did injury occur? Fulton Galloway Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hospital ward
While at work? _____ (Specify type of place) (e) Means of injury self made
knife
Signature Frank Thomas (M. D. or other) _____
Address Fulton Mo Date signed 10/28/43

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.....

Leo G. Wallace

Licensed Embalmer No.....

3373

P. O. Address.....

Fulton 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.