

Registration District No. 7

Primary Registration District No. 3008

362

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Corner of 5th & Market Sts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. Corner of 5th & Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Waldo Franklin 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 Eugenia Smith 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 30 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel Manager

11. Industry or business Franklin Smith

12. Name Franklin Smith

13. Birthplace Leicester Maine
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Titus

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

16. (a) Informant Mrs. Eugenia Smith
(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof Oct 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Glen Y. Manfina
(b) Address Fulton Mo.

19. (a) 10/27/43 (b) Joie Moushloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 8. 43 1943 to Present time, 1943;
that I last saw him alive on Aug 8th, 1943, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, Basilar artery, Brain, Calcarius degeneration followed by, paralysis, cardiac insufficiency.
Due to X-ray diagnosis, same.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 9322

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy No autopsy
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)
Signature Greene D. McCall (M. D. or other)
Address Fulton Mo 10/29/43 Date signed

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

MOTHER FATHER

1147

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..... *Glen Y. Mauzin*.....
Licensed Embalmer No..... *2725*.....
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.