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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 10 1943

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town 4 mi. N. of Nevada, Mo.
Highway 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 1
(Specify whether years, months or days)

In this community a few days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State unknown (b) County 108

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

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

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER SMITH

3. (b) If veteran, name war unknown

3. (c) Social Security No. _____

4. Sex MALE race white

5. Color or 9 divorced unknown

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 13
year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Immediate cause of death Compound fracture of skull

Due to being hit by motor car or truck.

Due to _____

Other conditions 170C-8
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 21

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant None

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Hay Funeral Service

(b) Address Nevada Mo.

19. (a) 10-22-43 (Data received local registrar) (b) Doyle B. Bewick (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 108

(b) Date of occurrence Probably 10-13-43

(c) Where did injury occur? U.S. 71 N. of Nevada
(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 LeBeaton Jari Coran (M. D. or other) 3

Address Nevada Mo Date signed 10-15-43

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

MOTHER FATHER

1531

(Licensed Embalmer's Statement on Reverse Side)

