

REGISTRATION DISTRICT NO. 373Primary Registration District No. 6277Registrar's No. 93

## 1. PLACE OF DEATH:

(a) County Wright  
 (b) City or town Hartville Rural Boone  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: At his home  
7 miles north of Hartville  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether  
 In this community 73 yrs.  
 years, months or days)

3. (a) PRINT FULL NAME EDWIN SHERMAN SMITH3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8 9 1865  
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace WILLIAMSON Co. Ill.  
(City, town, or county) (State or foreign country)10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

12. Name David M. Smith13. Birthplace Ga.  
(City, town, or county) (State or foreign country)14. Maiden name Sarah C. Simmons15. Birthplace Ill.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Faulkner(b) Address Hartville Mo.17. (a) Burial (b) Date thereof 10 15 43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Little Creek Cem.18. (a) Signature of funeral director Gene E. Holden(b) Address Hartville Mo.19. (a) 10-22-43 (b) W. S. Wynne  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright  
 (c) City or town Hartville Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7 miles north of Hartville  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Born in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12  
year 43 hour 9:00 minute 50 A. M.21. I hereby certify that I attended the deceased from 8-15  
\_\_\_\_\_, 1943 to 10-12, 1943that I last saw him alive on 10-12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic nephritis  
Chronic interrenal atrophy years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy Chronic nephritis  
Inflammatory condition of small intestine

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)  
(i) Means of injury \_\_\_\_\_28. Signature J. H. Wootley (M.D. or other)Address Hartville Mo. Date signed 10-11-43

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
assigned

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

FORM 2-11-39  
U. S. G. P. 121911

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;  
District File No. 1143-1263

Date Filed NOV 20 1943

RECEIVED  
District Health Officer No. 6,  
District File Number  
Date Filed

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 *Gene E. Haldren*

Licensed Embalmer No. 3865

P. O. Address *Hartsville, 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, above space should be left blank.