

FILED MAR 14 1944

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs
(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 Missouri (b) County Cedar ²⁰

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

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

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

3. (a) PRINT FULL NAME ELMER E SMITH

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. none

20. DATE OF DEATH: Month Mar day 17
year 1944 hour 5:15 minute _____ M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Ada Smith

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: March 29 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 14 1944 to Feb 14 1944 that I last saw him alive on Feb 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma

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

71 10 18 hr. min.

Due to _____

Due to _____

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

10. Usual occupation Cafe owner

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Andrew Smith

13. Birthplace _____ (City, town, or county, State or foreign country) Ill

14. Maiden name Elizabeth Plank

15. Birthplace _____ (City, town, or county, State or foreign country) Illa

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ada Smith

(b) Address 516 S Forest St Eldorado Springs Mo

17. (a) Burial (b) Date thereof 2-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Cemetery

18. (a) Signature of funeral director Arwin Siders

(b) Address Eldorado Springs Missouri

19. (a) 2/23/44 (b) _____
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury 0

23. Signature Robert L. Ford (M. D. or other) _____
Address Eldorado Springs Mo Date signed 2-19-44

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

MOTHER FATHER

1046

RECEIVED

District Health Officer No. 7, 1937

District File Number 2-44-307

Date Filed 2-13-44

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.....

O. B. Sanders

Licensed Embalmer No. 3220

P. O. Address El Paso, Texas

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.