

FILED APR 13 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Betha
(b) City or town Sedalia
(c) Name of hospital or institution: Betha Memorial Hospital
(d) Length of stay: In hospital or institution 4 1/2 hours
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County Betha
(c) City or town 45 Sedalia
(d) Street No. 504 E 3rd St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert Drake Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 49-1-07-7917

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____

7. Birth date of deceased July 2 1872

8. AGE:	Years	Months	Days	If less than one day
	71	8	26	hr. min.

9. Birthplace Cooper County Missouri

10. Usual occupation Warehouseman

11. Industry or business _____

12. Name William Jolly

13. Birthplace Cooper County Missouri

14. Maiden name Frances Carson

15. Birthplace Cooper County Missouri

16. (a) Informant Mrs. Emil Smasal
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 3/31/44
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 3-29-44 (b) Dr Anna Berger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1944 hour 8:45 minute P M.

I hereby certify that I attended the deceased from _____
that I last saw him alive on Mar 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic thrombotic myocardial infarction
Due to Malnutrition of stomach & liver
Due to _____
Other conditions Chronic thrombotic

Major findings: Of operations _____
Of autopsy H&P

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr Campbell (M. D. or other) 3-29-44
Address Sedalia MO Date signed _____

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

80
46
4

MOTHER FATHER

1022

RECEIVED

District Health Officer No. 8

District File number

Date Filed 4-12-44

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Adalia, 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.