

FILED AUG 30 1944
Registration District No. _____

Primary Registration District No. 6229

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Vernon Lake Township
 (b) City or town Horton, MO Rural #1
 (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)
 In this community Eighty years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Vernon
 (c) City or town Horton, MO Rural #1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT-FULL NAME Henry Robert Smading
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 - day 15
 year 1944 hour 3 minutes 3 P. M.
 21. I hereby certify that I attended the deceased from July 8, 1944 to July 15, 1944
 that I last saw him alive on July 8, 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Deceased
 (c) Age of husband or wife Deceased
 7. Birth date of deceased: July - 19 - 1854
 (Month) (Day) (Year)

Immediate cause of death: Acute Bacter. Enteritis
 Duration Two Weeks
 Due to: Don't Know

8. AGE: Years 87 Months 0 Days 5
 If less than one day _____ hr. _____ min.
 9. Birthplace: Not Known Illinois
 (City, town, or county) (State or foreign country)

Due to: None
 Other conditions: None
 (include pregnancy within 3 months of death)

10. Usual occupation: Farming
 11. Industry or business:
 12. Name: Charles S Smading
 13. Birthplace: Not Known Kentucky
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations: None
 Of autopsy: None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

14. Maiden name: Not Known
 15. Birthplace: Not Known
 (City, town, or county) (State or foreign country)
 16. (a) Informant: Leo J Smading
 (b) Address: 10000 Ball Park
 17. (a) Burial (b) Date thereof: July 19 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: DePaul Cemetery
 18. (a) Signature of funeral director: Funeral Home
 (b) Address: Nevada MO
 19. (a) 7-24-44 (b) W. L. Charles
 (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 ✓
 23. Signature: W. L. Charles (M.D. or other) MD
 Address: Nevada, MO Date signed: 7/16/44

P.S.S.

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RECEIVED

District Health Officer No. 7

District File Number 7-44-885

Date Filed 8-3-44

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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed L. B. Feun

Licensed Embalmer No. 1760

P. O. Address Nevada 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.