V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27790

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 694

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Min. (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 9
(If outside city or town limits, write "RURAL")

(d) Street No. 501 South Broadway 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Albert Smith

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Olive M. Smith

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 3rd. (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Reading (City, town, or county) Pa. 1 (State or foreign country)

10. Usual occupation Retired Frisco Machinist.

11. Industry or business Transportation

FATHER
12. Name Unknown 4
13. Birthplace Unk. ######## (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unk. (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Olive M. Smith

(b) Address 501 South Broadway, Spfd. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 8/26-44 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1944 hour 6 minute 05 A. M.

21. I hereby certify that I attended the deceased from March, 1943 to August 24, 1944 that I last saw him alive on August 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	6 Mo.
Due to: Arterio sclerosis	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

934

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Spfd., Mo. Date signed 8-25-

984

(Licensed Embalmer's Statement on Reverse Side)

W 44

SEP 22 1944

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 C. D. McCalkin

Licensed Embalmer No. 2891

P. O. Address.....

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.