

FILED MAR 1 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 132

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 771 South Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Arthur W. Smith

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. XX years
7. Birth date of deceased July 13, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Clerk
11. Industry or business Railroad Company

12. Name G. M. Smith
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Snyder
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Bennett
(b) Address Springfield, Missouri
17. (a) Burial (b) Date thereof Feb. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 2-16-45 (b) B. B. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,
year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1
1945 to Feb 15 1945
that I last saw him alive on Feb 15 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia (Hypostatic) Duration

Due to Fractured hip (PT)

Due to Fall

Other conditions 1945
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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) Accident 133
(b) Date of occurrence Feb. 1-1945
(c) Where did injury occur? Springfield Greene Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - White Crossing Street
While at work? No (Specify type of place) (a) Means of injury Fall
23. Signature Edmund ... M.D. or other
Address Medical Arts Bldg Date signed 2-15-45

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

MOTHER, FATHER

MAY 10 1946

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. E. Reed

Licensed Embalmer No. 3094

P. O. Address Springfield, 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.