

S. No. 2
M-5-43
5-17-39
X36671

State File No.

FILED DEC 17 1945
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1218 E. 5th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 (Specify whether
In this community 35 years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 E. 5th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Denver L. Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-10-5058

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delia Smith
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 30 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Centertown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Fireman

11. Industry or business _____

12. Name Thomas Smith

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

14. Maiden name Nancy Powell

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

16. (a) Informant Mrs. Delia Smith

(b) Address 1218 E. 5th, Sedalia, Missouri

17. (a) Burial (b) Date thereof Nov. 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

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

19. (a) 11-21-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1945 hour 3:45 minute 9 P. M.

21. I hereby certify that I viewed the deceased from Nov. 16, 1945, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
Duration 1 1/2 yr.

Due to Cardiac Asthma

Due to _____

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

Major findings: [Signature]
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) _____
(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 Coronary

23. Signature [Signature] (M.D. or other) Dr.
Address 229 Edgefoot Bldg. Date signed 11/16/45

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

1486

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-6-45

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

J.P.M. Crary

Licensed Embalmer No.

3150

P. O. Address

Petalus, 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.