

FILED APR 10 1946

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. -3-

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(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 years, months or days)

In this community 5 Weeks

3. (a) PRINT FULL NAME Robert D. Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 9, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Salvester Smith

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

14. Maiden name Lucy Rickett

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

16. (a) Informant Mrs. Thos. Hardin

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Mar. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo. Cem.

18. (a) Signature of funeral director Husman-Sparks

(b) Address Odessa, Mo.

19. (a) Mar. 30 '46 (b) Latta Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1946 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 9, 1946, to March 13, 1946; that I last saw him alive on March 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to _____

Due to 107

Other conditions Bronchoectasis
(Include pregnancy within 4 months of death)

Major findings: Of operations no operation

Of autopsy no 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) no

(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? no injury

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W. W. Martindale (M. D. or other) _____

Address Odessa Mo Date signed 3/14/46

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-9-46-49

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.....

W. T. Sparks

, Registered Apprentice No. 149

working under my personal supervision.

Signed *Irving L. Hoover*

Licensed Embalmer No. 2541

P. O. Address. Odessa, 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.