

FILED MAY -6 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 150

1. PLACE OF DEATH:
(a) County: Edge (b) City or town: Edge (c) Name of hospital or institution: Southeast Missouri (d) Length of stay: 6 hrs. In this community: 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard (c) City or town: Near Advanee, Rural (d) Street No.: Near Advanee, Mo. (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: PAUL DEAN SMITH (b) If veteran: World War II (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: April day: 12 year: 1946 hour: 12 minute: 15 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married: Married (b) Name of husband or wife: Marjorie Beut Smith (c) Age of husband or wife if alive: 18 years 7. Birth date of deceased: March 7, 1924

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediately _____ of death: Fracture of the Skull.
Due to: A safe pinning him against a wall in Advanee, Missouri.
Other conditions: (Include pregnancy within 3 months of death) _____

8. AGE: Years: 22 Months: 1 Days: 5 If less than one day: hr. _____ min. _____
9. Birthplace: Jackson Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk

Major findings: Of operations: _____ Of autopsy: _____
195
110
PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

11. Industry or business: Richmond Hurl & Har. Co.
12. Name: Paul W. Smith
13. Birthplace: Jackson Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Hattie Craker
15. Birthplace: Burfordville, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Marjorie Beut Smith (b) Address: Advanee, Mo. (c) Place: burial or cremation: Burial (d) Date thereof: April 12, 1946 (Month) (Day) (Year)
17. (a) Signature of funeral director: Donald Dew, Near Advanee, Mo. (b) Address: Advanee, Mo. (c) Date received local registrar: 5-1-1946 (d) Registrar's signature: C. C. Summers

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 103
(b) Date of occurrence: April, 12, 1946
(c) Where did injury occur?: Advanee, Stoddard, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? One the sidewalk in Advanee, Mo. (Specify type of place)
While at work? Yes (e) Means of injury: A safe
23. Signature: Dr. G. F. Sigmond (Date) (City or other) Advanee, Mo. Date signed: 4/19/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 546-2037
Date Filed 5-2-46

AUG 19 1947

MAY 2 1946

DEC 18 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.....

Gloyd S. Morgan

Registered Apprentice No.....

working under my personal supervision.

Signed *Gloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address Advance, 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.