

FILED SEP 3 1946

383

STANDARD CERTIFICATE OF DEATH

State File No.

98

Registration District No.

Primary Registration District No.

5655

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon Rural
(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 all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

David H. Smith

3. (b) If veteran, name war

no

3. (c) Social Security No. no

4. Sex Male Color of race White

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

6. (b) Name of husband or wife Edith Smith

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 22 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Lawrence Mo near Chesapeake
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Thomas E. Smith

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

14. Maiden name Anna Coffey

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

16. (a) Informant Lawrence Smith

(b) Address Richmond, Calif

17. (a) Burial, cremation, or removal Burial (b) Date thereof June 4, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Orange Cemetery

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon Mo

19. (a) 7-3-46 (b) Edith Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Mt Vernon (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 1946
year 8 hour 30 minute A M.

21. I hereby certify that I attended the deceased from May 15 1946 to June 4 1946
that I last saw him alive on June 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 3 weeks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations PA Halmer

Of autopsy §3K

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

23. Signature PA Halmer (M. D. or other) Address Mt Vernon Mo Date signed 6-6-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 846-817

Date Filed AUG 2 - 1946

FILED

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..... *Geo. B. Orr*

Licensed Embalmer No..... *9469*

P. O. Address..... *Mr. Vernon M.*

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.