No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26892

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28053

Registration District No. 29 1 Primary Registration District No. 4432 Registrar's No. 53

1. PLACE OF DEATH:

(a) County: Putnam

(b) City or town: Lucerne (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 ____ In this community: All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Putnam 86

(c) City or town: Lucerne 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Walter E. Smith

3. (b) If veteran, name war: World War 1

3. (c) Social Security No.: 491-28-0232

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: July (Month) 6 (Day) 1892 (Year)

8. AGE: Years 54 | Months ____ | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Lucerne (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business ____

FATHER 12. Name: Robert L. Smith

FATHER 13. Birthplace ____ (City, town, or county) Ind. / (State or foreign country)

MOTHER 14. Maiden name: Martha A. Fields

MOTHER 15. Birthplace ____ (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: George W. Smith

(b) Address: Lucerne, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Lucerne

18. (a) Signature of funeral director: Martin Funeral Home

(b) Address: Princeton, Mo.

19. (a) 8-6-46 (Date received local registrar) (b) Marvelle Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sudden death 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: Coronary Occlusion — Duration 30 min

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy None

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

23. Signature: Thos Fowler (M.D. or other) 3

Address: Unionville, Mo. Date signed: 8/31/46

(Licensed Embalmer's Statement on Reverse Side)

26-6

AUG 9

RECEIVED
District Health Officer No. 10
District File Number 8-46-1459
Date Filed AUG - 8 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 R. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.