

FILED JAN 9 1947

State File No. \_\_\_\_\_

Registration District No. 17

Primary Registration District No. 5428

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town GERALD - RURAL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gerald B.R. # II  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Franklin 36

City or town Gerald Rural 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HUGO A. SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov. 14 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 0 7 hr. \_\_\_\_\_ min.

9. Birthplace Wellsboro St. Louis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name John Wm Smith

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

14. Maiden name Minnie Bickmann

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

16. (a) Informant John W Smith

(b) Address Gerald Mo

17. (a) Burial (b) Date thereof Nov 23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Gerald

18. (a) Signature of funeral director E J Greiner

(b) Address Gerald Mo

19. (a) 11-22-46 (b) J H Matchew  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1946 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 0 Jan 1940 to Nov 24 1946  
that I last saw him alive on Nov 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus 10 yrs +

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 61

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? \_\_\_\_\_

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

23. Signature Charles L Smith (M. D. or other) \_\_\_\_\_  
Address Gerald Mo Date signed 11-22-46

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

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RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed JAN 8 1947

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Carl C. Gentry  
Licensed Embalmer No. 3385  
P. O. Address New Haven, Conn.

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.