

FILED JUN 10 1947

State File No. _____

Registration District No. 172

Primary Registration District No. 4269

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Corder, Mo.
(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 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Corder
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Louis John Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Olga E. Frerking 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 1 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Rising Sun Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Produce

11. Industry or business _____

12. Name John Smith Weller
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Lena Stegemueller
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Leigh Smith
(b) Address Corder, Missouri

17. (a) Burial (b) Date thereof 5 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder, Mo.

18. (a) Signature of funeral director Forrest A. Hooper

(b) Address Higginsville, Mo.

19. (a) May 13-47 (b) Clayton N. Landrum
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1947 hour _____ minute 9:00 A.M.

21. I hereby certify that I attended the deceased from Apr 26 1947 to May 9 1947
that I last saw him alive on May 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic
Duration 14 yrs.?

Due to _____

Due to _____

Other conditions Intermittent, generalized ?
(Include pregnancy within 3 months of death)

Major findings: Of operations 920
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:

(c) 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 0

23. Signature Douglas Kelling (M. D. or other) _____
Address Waverly, Mo. Date signed 5/11/47

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 6-2-47

JUN 10 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.....

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

Signed Francis A. Hofer

Licensed Embalmer No. 4358

P. O. Address Higginville, Md.

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.