

**FILED AUG 12 1947**

Registration District No. ....

Primary Registration District No. **3020**

Registrar's No. **108**

**1. PLACE OF DEATH:**

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **\*\***

(b) County **\*\***

(c) City or town **\*\***  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **\*\*** (Yes or No)

If yes, name country **\*\***

**3. (a) PRINT FULL NAME** Sheral Kay Smith

3. (b) If veteran, name war **\*\***

3. (c) Social Security No. **\*\***

4. Sex Female

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: July 31 1947  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	23 hr. 30 min.

9. Birthplace: Washington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation **\*\***

11. Industry or business **\*\***

MOTHER FATHER

12. Name Melvin L. Smith

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

14. Maiden name Evelyn Lohmeyer

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin L. Smith

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 8 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Owensville

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address Owensville, Mo.

19. (a) AUG 4 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 1 year 1947 hour 5 minute 8 A. M.

21. I hereby certify that I attended the deceased from July 30 1947 to Aug 1 1947 that I last saw h. alive on July 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Asperger's of Merganser before birth - due to fetal distress the cause of which could not be determined

Duration

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

Major findings: Of operations 1600

Of autopsy 1600

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 [Signature] (M. D. [Signature])

Address [Signature] Date signed \_\_\_\_\_

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

Date Filed 8-11-47

District File Number

District Health Officer: 10619

RECEIVED

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.

*NO EMBALMING*

Signed *Winfred H. N. Winter*

Licensed Embalmer No. *3838*

P. O. Address *Owensville 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.