

FILED SEP 18 1947

Registration District No. **177**

Primary Registration District No. **5436**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **"Rural" Boulware**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. Sterling Bridge on HiWay 50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 minutes**
In this community **15 minutes**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Arthur Flavious Smith**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **487-09-3568**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Caroline Smith** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Sept 5 1912**
(Month) (Day) (Year)

8. AGE: Years **34** Months **11** Days **15**
If less than one day hr. min.

9. Birthplace **Unkown**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business

12. Name **Albert C. Smith**

13. Birthplace **Denver Colo**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Meyer**

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

16. (a) Informant **D. W. Newcomer's Son**

(b) Address **Kansas City, Missouri**

17. (a) **Removal** (b) Date thereof **8-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo**

18. (a) Signature of funeral director **Hermann, Mo**

(b) Address **Hermann, Mo**

19. (a) **8/17/47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Hickman Mills**
(If outside city or town limits, write "RURAL")
(d) Street No. **6120 Kingslee Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17th**
year **1947** hour **1** minute **10 p.** M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 **Accidental Struck by Passenger Bus on Mt. Sterling Bridge on Highway 50 (indications--Suicide)**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) **Accident 37**

(b) Date of occurrence **8-17-47**

(c) Where did injury occur? **Mt. Sterling Bridge**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Hermann, Mo** (M. D. or other) **Coroner**
Address **Hermann, Mo** Date Signed **8-17-47**

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

MOTHER FATHER

FEB 22 1914

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..... *Hugo St. Blumer*

Licensed Embalmer No. **3160**

P. O. Address..... **Hermann, 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.