

FILED JAN 9 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 436

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1305 East Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 East Third
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter Willis Smith

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sudie Cramer Smith
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April 8, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 11 ..hr. ..min.

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

10. Usual occupation machinists helper

11. Industry or business Railroads
12. Name David R. Smith
13. Birthplace Philadelphia, Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Delia Beems
15. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Jordan (dau.)
(b) Address 1305 East Third, Sedalia, Mo

17. (a) Burial (b) Date thereof 12/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Quane Egan
(b) Address Sedalia, Mo.

19. (a) 12/22/47 (b) Betty Yeager
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-3 1945 to 12-19 1947
that I last saw h in alive on 12-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to metastatic carcinoma 2 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1/5/48
Of autopsy 2
PHYSICIAN
Underline the cause of death which death should be reported as actually.

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? 231
While at work? (Specify type of place) 231
(e) Means of injury P.O.
Signature W. Thunders (M.D. or other) P.O.
Address 501 1/2 S. Engineer Date signed 12/22/47

Sedalia, Mo.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-42

FEB 7 1942

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 _____

Walter K Dietz

Registered Apprentice No. 70

working under my personal supervision.

Signed *Walter K Dietz*

Licensed Embalmer No. 3849

P. O. Address Sedalia 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.

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(a) County Pettis
(b) City or town Sedalia
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Walter W. Smith

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 8 1888 (Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____
11. Industry or business _____

MOTHER, FATHER }
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1947 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____
Duration _____

metastatic carcinoma originating in submaxillary lymphatic glands
Due to on it self

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) _____
(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 W. Maunders (M. D. or other) AD
Date signed _____
W. I. P. Express
Richard M. ...

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

SUPPLEMENTAL

42602