. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1979

State File No. .....

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 15

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: 820 W. 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 820 W. 3rd 4
(If rural, give location) 0
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Arthur F. 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 Married
6. (b) Name of husband or wife Frae Smith
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan. (Month) 13 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Creco (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired Geologist
11. Industry or business
FATHER
12. Name Lathrop Smith
13. Birthplace (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs A. F. Smith
(b) Address 820 W. 3rd Sedalia, Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Mo
19. (a) 1-21-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) 251 Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1948 hour 10 minute A. M.
21. I hereby certify that I ~~attended~~ viewed the deceased from as coroner 1/21/ 1948, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 Days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2
23. Signature Wm. K. L. Holden (~~M. D.~~ or other) D.O.
Address 315 Ilg. Bldg Sedalia, Mo Date signed 1/21/48
coroner

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-14-48
APR 22 1948

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 K. P. M. Leary

Licensed Embalmer No. 3153

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.