23429

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1-48-81

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community two months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53 0 0 0
(c) City or town Conway
(If outside city or town limits, write "RURAL")
(d) Street No. no street number
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alfred Frank Smith
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Julia Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 20 (Day) 1874 (Year)

8. AGE: Years 74 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Alton Ill. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business Farm
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. F. E. Clark
(b) Address Wichata Kan. (Dau)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Conway Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon, Mo.
19. (a) 7-23-48 (Date received local registrar) (b) Tressie B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1948 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 1948, to July 14, 1948;
that I last saw him alive on July 13th, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) No Accident
(b) Date of occurrence July 14, 1948 (Death)
(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) 2
While at work? (e) Means of injury
23. Signature R. G. Saunders (M. D. or other) D.O.
Address Lebanon, Mo. Date signed 7/19/48

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

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

AUG 24 1944

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 James W. Wair, Registered Apprentice No. 98, working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.