FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6115 State File No. 32711

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. ~~3074~~ Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 6115
c. LENGTH OF STAY (in this place): 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 61 north

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ill
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 1112 N, Clark St.

3. NAME OF DECEASED (Type or Print)
a. (First): Johnie
b. (Middle): —
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 26, 1919
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer Co.
10b. KIND OF BUSINESS OR INDUSTRY: Hauling
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Agnis Smith, Chicago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Agnis Smith Chicago Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fractur and Internal injury.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Automobile Accident
DUE TO (c): xx

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: E 8166 / 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural 6115 Scott Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 16 1949 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident. - Onvec. 152

22. *I hereby certify that I attended the deceased from* First Call, 19__, *to* After Death 9-16, 1949, *that I last saw the deceased alive on* 0, 19__, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Poe, Coroner
23b. ADDRESS: Sikeston Mo.
23c. DATE SIGNED: 9/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sikeston Mo.

DATE REC'D BY LOCAL REG.: Sept 26 1949
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Welsh Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1949

RECEIVED OCT 3 1949
District Health Office No. 2
District File Number 1049-9
Date Filed

OCT 10 1949

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.