

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 8000

1. PLACE OF DEATH  
 a. COUNTY Adair  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville  
 c. LENGTH OF STAY (in this place) 45 days  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim Smith Mem. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Knox  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurdland 0520  
 d. STREET ADDRESS (If rural, give location) 1-MI-N-HURDLAND 1

3. NAME OF DECEASED  
 (Type or Print)  
 a. (First) MASON b. (Middle) Robert c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year)  
JAN 28 1953

5. SEX MALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Sept. 15 1880

9. AGE (In years last birthday) 73  
 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMEN

10b. KIND OF BUSINESS OR INDUSTRY BEN. FARMING

11. BIRTHPLACE (State or foreign country) Clark Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert W. Smith

13b. MOTHER'S MAIDEN NAME Mollie North

14. NAME OF HUSBAND OR WIFE Mrs. Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Olie Smith Hurdland Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anemia severe  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Metastatic Carcinoma  
 DUE TO (c) Carcinoma of prostate  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. 177X

INTERVAL BETWEEN ONSET AND DEATH  
see when  
2 yrs  
see yrs.

19a. DATE OF OPERATION June 1951

19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
 \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12-15, 1953 to 1-28, 1953, that I last saw the deceased alive on 1-28, 1953 and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Grim MD

23b. ADDRESS Kirksville, Missouri

23c. DATE SIGNED 1-29-53

24a. BURIAL CREMATION-REMOVAL (Specify) BURIAL

24b. DATE JAN 31 1953

24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL

24d. LOCATION (City, town, or county) (State) KIRKSVILLE MISSOURI

DATE REC'D BY LOCAL REG. 1-31-53

REGISTRAR'S SIGNATURE Kate Lambert 1-0

25. EMBALMER'S SIGNATURE ADDRESS Geoff Easley Hurdland Mo

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

OCT 20 1953

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 Geo B Enslin Jr  
.....

Licensed Embalmer No. 3758

P. O. Address Hurdland 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.