

Registration District No. **250**

Primary Registration District No. **5348**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Daviess** **2**
(b) City or town **Rural Union, Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles N. E. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Years**
(Specify whether years, months or days)
In this community **20 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
(c) City or town **Rural Union Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 Miles N.E. Gallatin, Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Redman Franklin Smith 530**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **XX**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mabel Smith** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **February 29 1865**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	29	hr. _____ min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**
11. Industry or business **General Farming**

MOTHER FATHER
12. Name **Ephriam Smith**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Smith**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Marjorie Smith**

(b) Address **723 Walwood K.C. Mo.**

17. (a) **Burial** (b) Date thereof **11 1 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown cemetery**

18. (a) Signature of funeral director **Hope & Sons, Theat. Co.**
(b) Address **Gallatin, Mo.**

19. (a) **Nov 1-1939** (b) **H. A. Hope**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28, 1939**
year **1939** hour **8** minute **30 P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, 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 ~~base of skull fractured by some object of unknown~~
base of skull fractured by some object of unknown

Due to **fracture of base of skull, inflicted by one of**
Due to **mass unknown**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 **10-28-39**
(c) Where did injury occur? **Daviess Co. Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home on farm
While at work? **No** (Specify type of place) **410 Buys**
(e) Means of injury **Shot**

28. Signature **Frank Hedges** (M. D. or other)
Address **pattonsburg** Date signed **11-1-39**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1931

EMERALD

District Health Officer No. 99

District File No. 1139-1555

NOV-25 1939

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

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Fullerton 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, above space should be left blank.