

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Conway  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th  
year 1941 hour 10:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
May 16, 1941 to May 16, 1941  
that I last saw her alive on May 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic shock -  
fract. of l. clavicle - rupture of  
ll. subclavian vein - (contusion  
of chest - multiple fractures  
of arm & l. leg etc)  
Due to due to auto mobile accident  
Other conditions: Collision with other  
motor vehicle

Duration

about  
6 hrs

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: 1941  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Maud E. Smock

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Smock 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased August 6, 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 10 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Unknown / Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name John South

13. Birthplace Unknown / Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Downs

15. Birthplace Unknown / Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl South

(b) Address West Des Moines, Iowa

17. (a) Removal (b) Date thereof 5-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa

18. (a) Signature of funeral director Palmer Funeral Home

(b) Address Bolebanong, Missouri

19. (a) 5-17-41 (b) W. E. Naudley, M.D.  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident (auto mobile)  
(b) Date of occurrence 5/16/41 73 Greenway  
(c) Where did injury occur? Intersection of 85 + 66 Springfield Mo  
(City or town) (County) (State)  
(d) Did injury occur on or about home, on farm, in industrial place, in public place?  
Public Highway

While at work? \_\_\_\_\_ (e) Means of injury auto mobile accid  
23. Signature F. M. South (M. D. or other) (D)  
Address Springfield Mo Date signed 5/20/41

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

**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 Wayne Linkle

Licensed Embalmer No. 3444

P. O. Address Springfield

**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.