

Registration District No. 852

Primary Registration District No. 6121

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Reger, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Reger
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Julia Etta Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 11 1941 to July 2 1941
that I last saw her alive on July 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Neovascularization Duration 3 weeks

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John Earl Smith (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April 1, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Reger, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William P. Clements

13. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Angelina Shepherd

15. Birthplace Reger, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Arts.

(b) Address Reger, Mo.

17. (a) Burial (b) Date thereof July 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schrockalem Reger.

18. (a) Signature of funeral director Schroeder

(b) Address Milton Mo.

19. (a) Aug 6 (b) Cleo Hagan
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J.R. Martin (M. D. or other)

Address Crowning, Mo Date signed 7/9/41

757 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1503

Date Filed AUG 13 1941

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.....

Frank J. Schwene

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank J. Schwene

Licensed Embalmer No. 2016

P. O. Address Milan, Mo

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

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