

FILED MAR 9 1942
Registration District No. 8

Primary Registration District No. 6162

State File No. _____

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo & 12 dys
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Sheldon
(If outside city or town limits, write "RURAL")
(d) Street No. Ukhuason
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1942 5 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Nov 6/42
1941, to Feb 17/42, 1942
that I last saw him alive on Feb 17/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Disease

Due to _____
Due to _____

Other conditions: Generalized Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy No

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 _____

(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 G. S. Warach (M. D. or other) _____
Address Nevada, Mo Date signed 2/17/42

3. (a) PRINT FULL NAME Elmer Smith

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

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

6. (b) Name of husband or wife Mrs Nellie Smith 6. (c) Age of husband or wife if alive Ukhuason years

7. Birth date of deceased: Dec 31st 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 17 hr. _____ min.

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Ukhuason

11. Industry or business _____

12. Name Jack Smith

18. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Vandermeil

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Feb. 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missionary House

18. (a) Signature of funeral director G. B. Breyer & Sons

(b) Address Sheldon Mo

19. (a) 2-17-42 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

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

268

RECEIVED

District Health Officer No. 7,

District File Number 3-42-205

Date Filed 3-6-42

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.