

Registration District No. 470

Primary Registration District No. 5133

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 141 days
(Specify whether in this community years, months or days) 141 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davess ⁰³¹

(c) City or town Gallatin ¹
(If outside city or town limits, write "RURAL.") ⁰

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Quentin Van Smith

(b) If veteran, name war No

(c) Social Security No. 486-24-934

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th
year 42 hour 2:25 minute a M.

21. I hereby certify that I attended the deceased from Sept 24 1941 to Feb 11 1942
that I last saw him alive on Feb 11 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Evelyn A Smith 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Dec 29 1907
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
alt
5 yrs

Duration _____

8. AGE: Years 34 Months 1 Days 13
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 13 ft

Of autopsy _____

9. Birthplace Gallatin Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Leslie Dow Smith

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

14. Maiden name Ingitha Alice Osborn

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. M. Michael Headrick

(b) Address Missouri State Sanitarium

17. (a) Removal (b) Date thereof Feb 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin

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? _____

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

(b) Address Mt. Vernon Mo

19. (a) male-42 (b) Giddy Crawford
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature James L. Brock (M. D. or other) Mo.

Address Mt. Vernon Mo Date signed 2/11/42

RECEIVED

District Health Officer No. 6,

District File Number 442-453

Date Filed APR 9 1942

JUN 7 1955

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 Mrs H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address Mrs. Vernon M.

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.