

FILED OCT 9 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Nobles  
(b) City or town Marysville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Mos. (Specify whether  
In this community 3 Mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Russell  
(If outside city or town limits, write "RURAL")  
(d) Street No. 94 Mc. St. of Fairfield Mo.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

3. (a) PRINT FULL NAME WALTER DANIEL SMITH

3. (b) If veteran, name war ✓ 3. (c) Social Security No. -

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 17 years (Month) (Day) (Year) Feb. 17 1883

8. AGE: Years 59 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Atchison Co. Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Aden Smith  
13. Birthplace Bowling Green Ky. 1 (City, town, or county) (State or foreign country)  
14. Maiden name Martha Sells  
15. Birthplace Paris Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Aden Smith

(b) Address Fairfax, Mo. 47

17. (a) Burial (b) Date thereof 9/29/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagon House Cemetery

18. (a) Signature of funeral director Charles J. Jurek

(b) Address Fairfax, Mo.

19. (a) Sept. 26 1942 (b) Mary Cole (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1942 hour 11:45 minute 8 M.  
21. I hereby certify that I attended the deceased from May 15 to Sept 24 1942  
that I last saw him alive on Sept. 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis and atherosclerosis  
Due to arteriosclerosis  
Due to arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations 5  
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 W. C. Bauman (M.D. or other) Med.  
Address Fairfax Mo. Date signed 9/23/42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

74  
1  
2

**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 Marvin H. Schaefer  
Licensed Embalmer No. 4162  
P. O. Address Jarvis, 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, fact should be so stated above.**