

FILED NOV 6 1942

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 321

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

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Julesburg  
 (c) Name of hospital or institution State Hosp. #1, Fallon mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution from Feb. 13-42  
 In this community Scott  
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 14  
 (a) State Mo. (b) County Monroe  
 (c) City or town Perry 2  
 (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.? 0 years.

3. (a) PRINT FULL NAME Lena Blanche Smith  
 3. (b) If veteran, name war DK  
 3. (c) Social Security No. OK

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 4  
 year 1942 hour 2 minute 45 P. M.

4. Sex 7-1 5. Color or race W.  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife James H. Smith  
 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Aug 17 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-13, 1942 to 10-4, 1942  
 that I last saw him alive on Oct 4, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 17 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic myocarditis  
 Due to arteriosclerosis  
 Due to 930

9. Birthplace Perry Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions Generalized arteriosclerosis with mental changes  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name H. J. Peak  
 13. Birthplace Monroe Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary A. Goodwin  
 15. Birthplace Monroe Co. Mo.  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Husband James H. Smith  
 (b) Address Perry Mo  
 17. (a) Perry National (b) Date thereof Oct-4-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Perry Mo  
 18. (a) Signature of funeral director Clyde E. Wilkey  
 (b) Address Perry Mo  
 19. (a) 10-4-1942 (b) Jose M. Mosinkoff  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 5  
 23. Signature P. S. Tate (M. D. or other)  
 Address State Hosp. #1 - Julesburg Date signed 10-4-42

**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.....

Clyde W. Wilkey  
working under my personal supervision.

Registered Apprentice No. ....

Signed

Clyde W. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Ind.

**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.**