

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Slater
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Saline
 (c) City or town Slater
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charlie Smith
 (b) If veteran, name war no
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 17
 year 1942 hour 3 minute _____ M.
 21. I hereby certify that I attended the deceased from held
request Nov. 17 1942
 that I last saw h alive on _____ 19____;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race negro
 6. (a) Single, widowed, married, divorced divorce
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

Immediate cause of death
truck
fell from truck on H. May
 Due to 240 near Williams
Rules on left side crushed
 Due to and pelvic crushed
by truck
 Other conditions _____
 (Include pregnancy within 3 months of death)

7. Birth date of deceased Nov. 1883
 (Month) (Day) (Year)

Major findings:
 Of operations 170e-4
28
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Geo. W. Smith
 13. Birthplace don't know
 (City, town, or county) (State or foreign country)

14. Maiden name don't know
 15. Birthplace don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Smith
 (b) Address Marshall, Mo.
 17. (a) burial (b) Date thereof 11-19-'42
 (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) accident 097
 (b) Date of occurrence 11-17-42
 (c) Where did injury occur near Williams Saline Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
near Williams on H. May 240
 While at work? yes (Specify type of place) (e) Means of injury _____
 23. Signature P. L. Lewis, Coroner (M. D. or other) Saline Co
 Address Marshall Mo. Date signed 11-17-42

18. (a) Signature of funeral director Slater, Mo.
 (b) Address _____
 19. (a) 11-30-42 (b) Mrs. John G. G...
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1211

DEC 19 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-7-42

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

Sam M Hill

Licensed Embalmer No.

1292

P. O. Address

State 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.