

7 JUL 24 1943
Registration District No. _____

128

Primary Registration District No. 2000

39
2
6

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

1. PLACE OF DEATH: CORONARY

(a) County _____
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BURGE HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State MO. (b) County GREENE
 (c) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 999 W. ALHOUN
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RALPH M. SMITH
 (b) If veteran, name war NONE 3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6
 year 1943 hour _____ minute 50 P. M.

21. I hereby certify that I attended the deceased from July 6
 _____, 1943 to July 6, 1943;
 that I last saw him alive on July 6, 1943
 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 ADA C. SMITH 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Feb 9 1896
 (Month) (Day) (Year)

Immediate cause of death _____
Specs following
 Due to Perforating Aortic Ulcer
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) IMA

8. AGE: Years 47 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Unknown MO. O
 (City, town or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Salesman

MOTHER FATHER { 12. Name Mrs. S. Smith
 13. Birthplace Unk. MO. O
 (City, town or county) (State or foreign country)
 14. Maiden name Gates MO. O
 15. Birthplace Unk. MO. O
 (City, town or county) (State or foreign country)

16. (a) Informant Ada C. Smith W. J.

(b) Address SPRINGFIELD MO

17. (a) Burial (b) Date thereof July 9 - 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.
W. H. Wagner & Co.

18. (a) Signature of funeral director _____
 (b) Address SPRINGFIELD MO.

19. (a) 7-9-43 (b) Dr. W. E. Handley
 (Date received local registrar) (Registrar's signature)

Major findings: as above
 Of operations _____
 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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature W. A. Schell (M. D. or other) _____
 Address Springfield, Mo. Date signed 7/7/43

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

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..... *Mal G. Rhodes*
.....
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

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.