

FILED JUN 13 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3006

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilhite Convalescent Home 4  
(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:

(a) State Missouri (b) County Randolph 84

(c) City or town Moberly 6  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 3  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME JOHN MELVIN 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, Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5 - 4 - 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 - 44  
year 44 hour \_\_\_\_\_ minute \_\_\_\_\_ M

21. I hereby certify that I attended the deceased from did not see him 19. hospital after he died that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: It was called but he was dead when I got there. Will see from what I was told he died of coronary Plat. or some sort of obstruction.

Other conditions: suicide  
(Include pregnancy within 3 months of death)

9. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings: none 9/4  
Of operations \_\_\_\_\_

Of autopsy none

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

11. Industry or business \_\_\_\_\_

12. Name William Smith

13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant J. Roy Smith  
(b) Address Leavenworth, Kansas.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? No

While at work? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature W. D. Lycoff M. D. or other \_\_\_\_\_  
Address Colma H Barber Date signed 5-8-44

17. (a) Removal (b) Date thereof May 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Parkers  
(b) Address Columbia, Mo.

19. (a) 5-8-44 (b) Colma H Barber  
(Date received local registrar) (Registrar's signature)

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

1250

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 6-10-44

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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 M. V. Pittsides

Licensed Embalmer No. 3893

P. O. Address Calumet

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.