

REG JUN 26 1945  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 468

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

1. PLACE OF DEATH:

(a) County GREENE  
Springfield

(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 17 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CYRENE

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

(d) Street No. 735 Normal  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Smith, Mr. Wood

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day June  
year 1945 hour 10:50 minute 9 M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy K. Smith

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 1, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15 - 1945 to June 6 1945

that I last saw him alive on June 6 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>1</u>	<u>80</u>	<u>5</u>	<u>5</u>	hr. min.
----------	-----------	----------	----------	----------

Immediate cause of death Coronary thrombosis Duration 9 months

9. Birthplace Bowling Green Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Conductor

Due to .....

Due to 94a

Other conditions (include pregnancy within 3 months of death) .....

11. Industry or business Woodford

12. Name Max Smith

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

14. Maiden name Maxy Whitehurst

15. Birthplace UNK Kentucky  
(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 Mrs. Turner White

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof June 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

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? .....

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-7-45 (b) 51 W 2 Hauldy  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) .....

(c) Means of injury .....

23. Signature J. D. Musick (M. D. or other).....

Address 52199 E. 11th Mo Date signed 6-6-45

484

JUN 26 1963

**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 L. A. Roof

Licensed Embalmer No. 3054

P. O. Address Springfield 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.

X