

**FILED** APR 6 1948  
Registration District No. **18**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**1607 Vermont**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days** (Specify whether years, months or days)

In this community **6 days**

3. (a) PRINT FULL NAME **LEWIS SMITH**

3. (b) If veteran, name war **none**

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 **Effie Lillie Smith**

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

7. Birth date of deceased **July 3 1872**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **6**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Moberly Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

MOTHER FATHER

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

12. Name **Unknown**

13. Birthplace **"** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"** **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert L. Smith**

(b) Address **1607 Vermont**

17. (a) **Burial** (b) Date thereof **3-11-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**

(b) Address **Independence Missouri**

19. (a) **Mar 16 1948** (b) **James J. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1330 Merchant**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** 9 day **7** 00 A. M. year **1946** hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from **March 4-46** 19\_\_\_\_ to **March 9** 19**46** and that death occurred on the date and hour stated above.

that I last saw him alive on **March 7** 19**46**

Immediate cause of death **Ch. Myocarditis**  
**Coronary Sclerosis**

Due to **Hypertension**  
**Cardiac asthma**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **92d**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **0**

23. Signature **George V. Polk** (M. D. or other) \_\_\_\_\_

Address **11037 W. Winnie Rd. Ind. Mo** Date signed **3-10-46**

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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,       

....., Registered Apprentice No.....  
working under my personal supervision.

Signed       *R. A. Lisle*      

Licensed Embalmer No.       4123      

P. O. Address       Independence, 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.**