

FILED JUN 10 1946

Registration District No. 33

Primary Registration District No. 5785-3010

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In front of Airline Oil Co. 3
(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 Texas (b) County Harris
(c) City or town Houston
(If outside city or town limits, write "RURAL")
(d) Street No. 4677 Calhoun Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Richard Alvin Smith

3. (b) If veteran, name war

3. (c) Social Security No. 450-07-1211

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Christian Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 24 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>6</u>	<u>27</u>	br. _____ min.

9. Birthplace Halls County, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Berry Packing Co.

12. Name Stacey Smith

13. Birthplace Limestone - Texas
(City, town, or county) (State or foreign country)

14. Maiden name May Couch

15. Birthplace Limestone - Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Cahill

(b) Address Station A - Box 4604 - San Antonio, Texas

17. (a) Removal (b) Date thereof May 25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marlin Texas

18. (a) Signature of funeral director Walters and Co.

(b) Address Cape Girardeau - Mo.

19. (a) 5-22-1946 (b) C. E. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour about 3 minute 1 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation from Carbon Monoxide Gas Duration _____

Due to falling in a 40-hp motor truck with the motor running

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 21, 1946

(c) Where did injury occur? Cape Girardeau Tex mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Curline Oil Co

While at work? No (Specify type of place) Means of injury Auto motor

23. Signature Dr. J. F. Leonard (M.D. or other) Coroner

Address Jackson Mo Date signed 5/21/46

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

16
1
4

4866

47

RECEIVED

Health Officer No. 4

District File Number 646-2192

Date Filed 6-6-46

SEP 23 1958

JUN 18 1946

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 Virgil H. Kelek

Licensed Embalmer No. 4192

P. O. Address Cape Girardeau

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.