V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38790

Registration District No. 140

Primary Registration District No. 3626

Registrar's No.

53

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

1. PLACE OF DEATH:
(a) County Lockede
(b) City or town Rural Eldridge T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lockede 53
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Eldridge Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter C. Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mandy Hannons

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 19 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	10	hr. min.

9. Birthplace Panora Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Chas. Smith
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Adams
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wally Smith
(b) Address Eldridge Mo

17. (a) Burial (b) Date thereof 12/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo

19. (a) Dec. 6, 1947 (b) Ora Frankeberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1947 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8-27, 1947, to 11-29, 1947
that I last saw him alive on 10-29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underlin the cause o which deat should b charged st tistically.

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 J. Summer (M. D. or other) M.D.
Address Lebanon Mo Date signed 12-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 12/10/47
Laclede County Health Unit
File No. 11-47-213
Date Filed 12/10/47

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 Richard L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.