

Registration District No. 62

Primary Registration District No. 4188

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

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

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

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

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

3. (a) PRINT FULL NAME Harry W. Smith

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1948 hour 4 minute 40 P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Samie L. Smith

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 28 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8:5 to 5:10 1948  
that I last saw him alive on 5:10 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>13</u>	hr. min

Immediate cause of death Hydrostatic pneumonia

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

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

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

10. Usual occupation Retired Merchant

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

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

Of autopsy mc

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

12. Name Franklin H. Smith

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

14. Maiden name Farabe Summers

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

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 \_\_\_\_\_

16. (a) Informant John A. Smith

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 6 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director Church, Reale

(b) Address Stockton, Missouri

19. (a) 7-3-48 (b) Geneva Laramie  
(Date received local registrar) (Registrar's signature)

23. Signature Wm. B. Richter (M. D. or other) \_\_\_\_\_  
Address Stockton Mo. Date signed 6/11/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 6-48-739

Date Filed 7-6-48

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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

*Melvin Church*

Licensed Embalmer No. 3972

P. O. Address Stockton 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.