

No. 300  
-10-47  
-17-39  
PI 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 9 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20477

Registration District No. 294 Primary Registration District No. 3056 State File No. Registrar's No. 178

1. PLACE OF DEATH:  
(a) County RANDOLPH  
(b) City or town MOBERLY  
(c) Name of hospital or institution: WABASH EMPLOYEES' HOSPITAL 0  
(d) Length of stay: In hospital or institution 3 MONTHS  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Gentry 38  
(c) City or town DARLINGTON  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No) /  
If yes, name country

3. (a) PRINT FULL NAME RUSSELL EVERETT SMITH  
3. (b) If veteran, name war  
3. (c) Social Security No. 703-01-2467

4. Sex MALE 0 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Etta Pearl  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 30 1887  
(Month) (Day) (Year)

8. AGE: 66 Years 10 Months  
If less than one day hr. min.

9. Birthplace Mo n  
10. Usual occupation Section Foreman  
11. Industry or business Wabash R.R.  
12. Name Father Henry O. Smith  
13. Birthplace Mo n  
14. Maiden name Mother Etta Leach  
15. Birthplace Va 1

16. (a) Informant Mrs Etta Pearl Smith  
(b) Address Darlington Mo  
17. (a) Removal (b) Date thereof June 30-48  
(c) Place: burial or cremation Albany Mo  
18. (a) Signature of funeral director Brooks Funeral Home  
(b) Address Albany, Mo  
19. (a) June 30-48 (b) Leach William Leach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JUNE day 30  
year 1948 hour 6:50 minute P M  
21. I hereby certify that I attended the deceased from MARCH 27  
1947 to JUNE 30 1948  
that I last saw h. M. alive on JUNE 30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF THE LUNG  
Duration 8 MONTHS  
Other conditions  
Major findings: Of operations None 472  
Of autopsy as above  
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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature [Signature] (M. D. or other)  
Address WABASH HOSPITAL, MOBERLY, MO Date signed 6-30-48

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

JUN 14 1949

JUL 22 1948

JUL 22 1948

RECEIVED

District Health Officer No.

District File Number 7-487

Date Recd. JUL 7 - 1948

**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 Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.**