

FILED MAR 9 1945
Registration District No. 224

Primary Registration District No. 3-04-65796

Registrar's No. 226

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jack V. Smith
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Tessie M. Smith (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Dec 8 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Moniteau Co (City, town, or county) (State or foreign country) Mo

10. Usual occupation Farming

11. Industry or business _____

12. Name Un Known

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

14. Maiden name Unknown

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

16. (a) Informant Louise Schuchert

(b) Address Tipton Mo

17. (a) Burial (b) Date thereof Jan, 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) 1-17-45 (b) H. J. Allen
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1945 hour 9 minute 9 P. M.

21. I hereby certify that I attended the deceased from Dec 2 1945 to Jan 15 1945
that I last saw him alive on Jan 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

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) _____

(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 H. J. Allen (M.D. or other) L. O

Address California, Mo Date signed 1/17/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-8-45

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

Signed Earl R. Bomlin

Licensed Embalmer No. 2126

P. O. Address California 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.