

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17542
Do not use this space.

REC'D JUN 10 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. 63
 (c) City Ray Mo. (d) Street No. General Hosp. #2 St. _____
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

Infant Smith

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Colored
 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ ff. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.
 FATHER 13. NAME Edward Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
 MOTHER 15. MAIDEN NAME Beatrice Chipman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
 17. INFORMANT (ADDRESS) Record Clerk
 18. BURIAL, CREMATION, OR REMOVAL Leeds Mo. DATE May 24 1938
 19. FUNERAL DIRECTOR (ADDRESS) Metropolitan of Mo.
7905 W. 11th
 20. FILED May 23 1938 M. Th. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 1938
 22. I HEREBY CERTIFY, That I attended deceased from 5-23 1938, to 5-23 1938
 I last saw him on 5-23 1938. Death is said to have occurred on the date stated above, at 140 A.M.
 The principal cause of death and related causes of importance were as follows:
Still Born
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) G. J. O'Donoghue M. D.
 (Address) General Hosp. #2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)