

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25576

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Manion Primary Registration District No. 3020  
(c) City Carthage (d) Street No. McCune-Brooks Hospital 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

D. E. Smith  
(a) Residence, No. David Earl Smith St.  Bigelow, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Velma Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) July 1938 11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Mo.13. NAME C. H. Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Mo.15. MAIDEN NAME Rhoda Chaney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Mo.17. INFORMANT (ADDRESS) Vina Walden  
Bigelow, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Jasnoch Mo. DATE July 28, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary  
Carthage, Mo.20. FILED July 28, 1938 E. J. McIntire, M.D.  
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw dead July 28, 1938 to July 28, 1938, 19...  
I last saw alive on July 28, 1938. Death is said to have occurred on the date stated above at 7:25 p.m. 7/28/38.  
The principal cause of death and related causes of importance were as follows:

Skull Fracture  
Automobile and  
Tree Collision  
2:10 p.m.  
Date of onset

Other contributory causes of importance:  
Highway Crossing  
which the car  
lost collision

Name of operation none Date of July 28, 1938  
What test confirmed diagnosis? autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 7/28, 1938

Where did injury occur? Jasper County, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Highway Crossing - Outside of limits

Manner of injury Automobile Collision  
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Dr. Winchester Coroner M. D.  
(Address) Jasper, Mo.

**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.....

Licensed Embalmer No. 814

P. O. Address Country

**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, above space should be left blank.**