

REC'D SEP 9 1938

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

29421  
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 516  
 (b) Township Wheeling Primary Registration District No. 5682 Registered No. 4  
 (c) City Wheeler (d) Street No. \_\_\_\_\_ 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

HERRY SAYSON SMILEY 540  
 (a) Residence, No. WHEELING, MO. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAGGIE O. SMILEY  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 8-1863  
 7. AGE YEARS 75 MONTHS 6 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MERCHANT  
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MORNING SUN  
OKLA  
 FATHER 13. NAME JOHN A. SMILEY  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROCK BRIDGE  
VIRGINIA  
 MOTHER 15. MAIDEN NAME NANCY A. SMILEY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAMS CO.  
OHIO  
 17. INFORMANT (ADDRESS) GRACE COLEMAN  
WHEELING MO  
 18. BURIAL, CREMATION, OR REMOVAL PLACE WHEELING DATE AUG. 19 1938  
 19. FUNERAL DIRECTOR (ADDRESS) SMILEY FUNERAL HO  
WHEELING MO  
 20. FILED AUG 17 19 38 Mrs. L. Boone  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 17 1938

I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 17, 1938  
 last saw h. l. m. alive on 8/17, 1938. Death is said to have occurred on the date stated above, at 9:25 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Chr. Prostatitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chrom 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) Donald M. Howell, M. D.  
 (Address) Chillicothe Mo

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, Frank L. Smiley, Licensed Embalmer No. 470

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

**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.)**