CEGC DEC 13 1938

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

39197

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 879
(c) City SPRINGFIELD — (d) Street No. 1318 N. Grant Ave
(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 VIRGIL EDGAR SMITH.
(a) Residence, No. 1318 N. GRANT AVE.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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~~ VIETA SMITH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1880

7. AGE: Years ✓ 58 — Months 5 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER
13. NAME George W. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Kentucky

MOTHER
15. MAIDEN NAME Daisy E. Cogen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Kentucky

17. INFORMANT Vieta Smith
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Fellen Lawn DATE Nov 23 1938

19. FUNERAL DIRECTOR (NAME) J. W. Klingner Co.
(ADDRESS) Springfield, Mo.

20. FILED Nov 23, 1938 Chas A. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/19/38, to 11/21/38
I last saw him alive on 11/21, 1938. Death is said to have occurred on the date stated above, at 10:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas with Metastasis to Liver	1 year ago

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) C. E. Fellen, M. D.
(Address) 290 Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, and Roy A. Cav
#1763: Warren D. Noblett # 4005, ~~or~~ and by Wm Max Rhodes
Registered Apprentice No. 117, working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield, 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, above space should be left blank.