

REC'D JAN 9 1938

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

42902  
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 251  
(b) Township 1 Primary Registration District No. 4151 Registered No. \_\_\_\_\_  
(c) City Jameson (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred: 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Frank Smith  
(a) Residence, No. Jameson, 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 9, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Township Col-lector  
9. Industry or business in which work was done, as saw mill, bank, etc. Grand River, Twp.  
10. Date deceased last worked at this occupation (month and year) Dec. 1938 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Hill Nebraska

FATHER 13. NAME E. B. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Caroline Shuler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT Mrs. Gertrude Smith (ADDRESS) Jameson, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand River, Cem DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. (ADDRESS) Gallatin, Missouri

20. FILED Dec 12 1938 Arva Pugh Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1938

22. I HEREBY CERTIFY that I attended deceased from Dec 10, 1938, to Dec 11, 1938. I last saw him alive on 12/11, 1938. Death is said to have occurred on the date stated above, at 4:20 AM

The principal cause of death and related causes of importance were as follows:

Angina pectoris Date of onset 12/30

Other contributory causes of importance: 94W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

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? \_\_\_\_\_

Signature Arva Pugh (Address) Jameson, Mo.

257 (Address) \_\_\_\_\_

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.

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**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, .....

L. O. Richesson ....., or by .....

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

Signed.....

*L. O. Richesson*

Licensed Embalmer No. 3302 .....

P. O. Address Gallatin, Missouri .....

**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.**