

150'D APR 18 1939

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

10439
Do not use this space.

1. PLACE OF DEATH
 (a) County Cedar Registration District No. 163
 (b) Township 7 Primary Registration District No. 140951 Registered No. 22
 (c) City El Dorado Springs (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 Frank C. Smith
 (a) Residence, No. S. Kiepatrick 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 Jessie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1855

7. AGE YEARS 83 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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. 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) Waukegan Ill

FATHER
 13. NAME Charles H Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Emily R. Nichols
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Geo Smith

18. BURIAL, CREMATION, OR REMOVAL, PLACE El Dorado Spgs DATE Mar 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maesternal Home El Dorado Spgs Mo

20. FILED 3-27-1939 J W Dawson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1939, to Mar 26 1939
 I last saw him alive on Mar 26 1939. Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset _____

Other contributory causes of importance: 10 1/2

Name of operation _____ Date of _____
 What test confirmed diagnosis? Amical 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) J W Dawson M. D.
 (Address) El Dorado Springs

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.

RECEIVED

District Health Officer No. 7

District File Number 7-39-5-9

Date Filed 4-14-39

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

George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs 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.