

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

**10497**  
Do not use this space.

1939 APR 21 1939

**1. PLACE OF DEATH**

(a) County Spartan Registration District No. 185-  
 (b) Township Landon Primary Registration District No. 5-2-59 Registered No. \_\_\_\_\_  
 (c) City Rogersville, R.I.D. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. James E. Smith Rogersville, Mo. R.I.D. 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 Martha Ann Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1865  
 7. AGE YEARS 73 MONTHS 8 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. (framer)  
 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) North Carolina

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Sherman Smith  
Rogersville, Mo. R.I.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller County DATE 2/21 1939

19. FUNERAL DIRECTOR (ADDRESS) B. G. Klepper  
Earl, Mo.

20. FILED 4-1 1939 Josephine Merritt  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1939

22. I HEREBY CERTIFY that attended deceased from Feb. 12 1939 to Feb 19 1939

I last saw him alive on Feb 18 1939. Death is said to have occurred on the date stated above, at 7:10 a.m.

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

Lobar Pneumonia Date of onset 2-11-39  
10

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys. ex. 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 None  
 (Signed) [Signature] (Address) Sparta, Mo. M. D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 6,

District File Number 6-39-793

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178

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

L. E.

No. \_\_\_\_\_ or by Forest Klepper, Registered Apprentice No. 143  
working under my personal supervision.

Signed B. C. Klepper  
Licensed Embalmer No. 2178

**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.)**