JUL 13 1939

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

22586
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston
(b) Township
(c) or City Chillicothe
Registration District No. 508
Primary Registration District No. 3026
Registered No. 85
(d) Street No. Chillicothe Hospital 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 Rex R. Smith
(a) Residence, No. 203 Herriman St.
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1922
7. AGE: Years 16 | Months 9 | Days 13 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
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) Chillicothe
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Charles C. Smith
14. BIRTHPLACE (CITY OR TOWN) Alba
(STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Susan Lavien Wilson
16. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri

17. INFORMANT Williametta Smith
(ADDRESS) 203 Herriman-Chillicothe, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 6-14 1939
19. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe, Missouri
20. FILED 6-13 1939 H. M. Pace, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-9- 1939, to 6-11- 1939
I last saw him alive on 6-11- 1939. Death is said to have occurred on the date stated above, at 8 40 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	
134	

Other contributory causes of importance:
Osteo-Myelitis
left hip -
Name of operation Amputation Date of 4/0
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, 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) Reuben Barney M. D.
(Address) Chillicothe 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.

RECEIVED
District Health Officer No. 11
District File Number 739-824
Date Filed JUL 12 1939

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 Elton F. Norman & E. R. Norman (2374), Registered Apprentice No. working under my personal supervision.

Signed Elton F Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.