

UES'D AUG 17 1939

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

25923
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002
 (c) City Jasper (d) Street No. 9642 E 4th St. St. Mo.
 (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 530 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME David Eugene Smith
 (a) Residence, No. 2642 E 4th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓ (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 39
 7. AGE YEARS 0 MONTHS 0 DAYS 10 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. ✓
 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) Jasper Mo
 FATHER
 13. NAME Eugene R. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma
 MOTHER
 15. MAIDEN NAME Elizabeth Ackerman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo
 17. INFORMANT (ADDRESS) Eugene R. Smith - Jasper Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Pl DATE 7/3 - 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shepherd & Co - Jasper Mo
 20. FILED 7-3 1939 E. D. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-39
 22. I HEREBY CERTIFY, That I attended deceased from 6-23-39 to 7-3-39
 I last saw him alive on 7-3-39 Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:
Congenital heart defect - Patent foramen ovale
 Date of onset 157C
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) E. D. James, M. D.
 (Address) Jasper Mo

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 839-1671

Date Filed AUG 10 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

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

Signed

Steve D. Parker

Licensed Embalmer No.

25648

P. O. Address

917 1/2

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.