

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

RECORDED OCT 20 1939

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

32853
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 481

(b) Township Lewistown Primary Registration District No. 4290 Registered No. 13

(c) City Lewistown (d) Street No. _____ 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 530 James Samuel Smith

(a) Residence, No. _____ St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1869

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>70</u> | <u>2</u> | <u>25</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired Farmer

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) Brown County
(STATE OR COUNTRY) Ill.

FATHER

13. NAME James P. Smith

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY) 1

MOTHER

15. MAIDEN NAME Almyra McCoy

16. BIRTHPLACE (CITY OR TOWN) Brown County
(STATE OR COUNTRY) Ill.

17. INFORMANT Wm James S. Smith
(ADDRESS) Lewistown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown Mo DATE Sept 20 39

19. FUNERAL DIRECTOR James Alford
(ADDRESS) Lewistown Mo

20. FILED 9/19 1939 James Alford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

22. HEREBY CERTIFY, That I attended deceased from Sept 18 1939 to Sept 18 1939

I last saw him alive on Sept 18 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Apoplexica

Date of onset Sept 18

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis None 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) Darryl L. M. Cradock
Lewistown, Mo.
(Address) 134

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.

I X12004

RECEIVED

District Health Officer No. 10

District File Number 10-39-1243

Date Filed OCT 9 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)