

Registration District No. 371

Primary Registration District No. 5517

Registrar's No. 50

1. PLACE OF DEATH:

- (a) County Madawasky Holt.
 (b) City or town Rural (Clay Township)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: L

(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
 years, months or days) 570

3. (a) PRINT FULL NAME CHARLES FREDRICK SMOCK.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs. Mabel Smock. 6. (c) Age of husband or wife if alive 50yr. years7. Birth date of deceased June 22, 1889.
(Month) (Day) (Year)8. AGE: Years 50 Months 4 Days 2 If less than one day _____ hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation Farmer.

11. Industry or business _____

12. Name William H. Smock13. Birthplace Maitland Mo.
(City, town, or county) (State or foreign country)14. Maiden name Rattie Lyon15. Birthplace Ottumwa Iowa.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Smock(b) Address Maitland, Mo.17. (a) Rural (b) Date thereof Nov. 27, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maitland Mo.18. (a) Signature of funeral director PRIME FUNERAL HOME(b) Address MARYVILLE MO. 33919. (a) Nov. 27, 1939 Verne D. Stout
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Madawasky
 (c) City or town Rural.

(If outside city or town limits, write "RURAL")
 (d) Street No. Rural 3 miles North Maitland Mo.
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1939 hour 1 minute 30 A. M.21. I hereby certify that I attended the deceased from Nov. 1 - 1939
_____, 19____, to Nov. 25th 1939that I last saw him live on 11-24-39
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchogenic Carcinoma -X-Ray - St. Joseph's Hospital - MaitlandDue to Dr. A. B. Meglathier

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations H

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. M. Firdley (M. D. or D.O.)Address Galena Mo. Date signed 11/25/39

RECEIVED
DICKINSON COUNTY No. 997
DECEMBER 17 39-1752
DEC 16 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 John W. Price
Licensed Embalmer No. 3229.
P. O. Address Maryville 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39782
Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 371
(b) Township Clay Primary Registration District No. 55-17 Registered No. 50
(c) City _____ (d) Street No. _____
(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

Charles Frederick Smock
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 4 2

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

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

Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maitland Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov. 27, 1939 Vern R. Stout Local Registrar.

Name of operation _____ Date of _____

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) E. M. Findley, M. D.

(Address) Graham Mrs

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly what caused the death.

