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

40399
Do not use this space.

1. PLACE OF DEATH
(a) County Newton
(b) Township W. Benton
(c) City Neosho Rt #2 (d) Street No. ..... 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 209
Primary Registration District No. 5209
Registered No. 134

2. PRINT FULL NAME Merrit Godfred Smith
(a) Residence, No. ..... 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1874
7. AGE: Years 65 | Months 6 | Days 22 | 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. Farmer
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): Missouri 0

FATHER
13. NAME: Godfred Smith 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Mary L. Hosmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Martha Smith Neosho Mo. Rt #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hale Cem DATE Aug 31, 1939
19. FUNERAL DIRECTOR (NAME) Pogue & Son (ADDRESS) Wheaton Mo.
20. FILED 11-18, 1939 Morris R. Bahnmiller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from November 8th, 1938, to Aug 20th, 1939
I last saw him alive on Aug 20th, 1939. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of The Liver. — Date of onset 1938

Other contributory causes of importance: 4 6

Name of operation ..... Date of .....
What test confirmed diagnosis? No 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr. Melvin McCullough M.D.
(Address) Neosho 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. 6,
District File Number 1239-2569
Date Filed DEC 13 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, Wm. Morris Pogue, or by .....

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

Signed Wm. Morris Pogue

Licensed Embalmer No. 3448

P. O. Address Winston

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

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