DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42692

Registration District No. 40 | Primary Registration District No. 4024 | Registrar's No. 55

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.

1. PLACE OF DEATH:

(a) County Barton 2

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Barton

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lewis Milton Smith 530

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 22nd, 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	9	hr. min.

9. Birthplace Mendon, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter 1

11. Industry or business 9

FATHER
12. Name E.A. Smith 7
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha ?????????
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Daisy O'Rear
(b) Address Lamar, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3rd, 1939
(Month) (Day) (Year)

(c) Place: burial or cremation East Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Dec. 2 (Date received local registrar) (b) Mrs Josephine Mynath (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1939 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 27, 1939, to Dec. 1, 1939;
that I last saw him alive on December 1st, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis

Due to cerebral hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Karl K. Kratz (M. D. or other) D.O.
Address Lamar, Missouri Date signed 12/2/39

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 140-102
Date Filed JAN 9 1940

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 R. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar, MO.

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

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