

JAN 15 1940

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

43507  
Do not use this space.

1. PLACE OF DEATH

(a) County Levy Registration District No. 372  
(b) Township \_\_\_\_\_ Primary Registration District No. 4218 Registered No. 1028  
(c) City Mound City Mo. (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Oran Arthur Smith

(a) Residence, No. Mound City 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

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 Ann Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4<sup>th</sup> 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist  
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) Idena  
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Chas. Newton Smith

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

MOTHER 15. MAIDEN NAME Mary Traubel

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

17. INFORMANT (ADDRESS) Dr. C. N. Smith  
Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE 12-29-39

19. FUNERAL DIRECTOR (NAME) W. H. Crawford  
(ADDRESS) Mound City Mo.

20. FILED Jan 29 1939 Jenny Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 3 1938 to Dec 1939.  
I last saw him alive on Dec 26 1939 Death is said to have occurred on the date stated above, at 4:30 p m.  
The principal cause of death and related causes of importance were as follows:

coronary thrombosis

Other contributory causes of importance: 9 ft 6

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis urinal 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) F. E. Hazan M. D.  
372 (Address) Mound City Mo

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

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.  
50M-9-19-38  
I X16603

RECEIVED  
District Health Officer No. 13,  
District File Number 140-1909  
Date Filed JAN 12 1940

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**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

*W. H. Crawford*

Licensed Embalmer No.

1824

P. O. Address

Mound Bay, Md.

**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.