

JAN 15 1940

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

44295
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 2 Primary Registration District No. 3032
 (c) City Sedalia (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. da.

2. PRINT FULL NAME Thomas M. Smith
 (a) Residence, No. 206 W. Morgan St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>11</u>	<u>14</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Pastor
 9. Industry or business in which work was done, as saw mill, bank, etc. M.K. & T. Railroad
 10. Date deceased last worked at this occupation (month and year) April 1st 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sedalia
 (STATE OR COUNTRY) Mo Pettis Co

FATHER
 13. NAME Grandison Smith
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) ?

MOTHER
 15. MAIDEN NAME Mathelda Haanmon
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. Thomas M. Smith Jr. 588 1/2 State St Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Jul 1, 1939

19. FUNERAL DIRECTOR (NAME) H.D. Jefferson
 (ADDRESS) 117 E. Jefferson St Sedalia Mo

20. FILED Dec 30 1939 Mrs. Harry Sneed
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1939 to Dec 29, 1939
 I last saw him alive on Dec 25, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Arterio-sclerosis
Chronic Myocarditis

Date of onset Dec 15 1939

Other contributory causes of importance:
Arterio-sclerosis
Chronic Myocarditis

Name of operation None Date of None
 What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Chas. S. Sneed M. D.
 (Address) Sedalia Mo

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. 8
District File Number
Date Filed 11/13/11

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 F. D. Ferguson
Licensed Embalmer No. 3172
P. O. Address Sedalia

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.