

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3407
Registrar's No. 2

Registration District 767 Primary Registration District No. 5126

1. PLACE OF DEATH:
(a) County Polk, Missouri
(b) City or town near Brighton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 1/2 mi. S. of Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David Anthony Smith
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 Viola Pearl Smith 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 9 20 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Home Jack Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer
12. Name Walter Smith
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence E. Smith
(b) Address Brighton Mo

17. (a) Brighton (b) Date thereof 1 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brighton

18. (a) Signature of funeral director Hutcherson Blue
(b) Address Bolivar Mo

19. (a) Jan 21 1940 (b) Wm. H. Taylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Polk
(c) City or town Brighton
(If outside city or town limits, write "RURAL")
(d) Street No. 1-mile S. W. of Brighton
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 16
year 1940 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 14 1940 to Jan 16 1940 and that I last saw him alive on the 16th of Jan 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuber Pneumonia
Duration

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) Manner of injury
23. Signature W. D. Smith (M. D. or other)
Address Bolivar Mo Date signed

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. 7

District File Number 2-40-173

Date Filed 2-8-40

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

Licensed Embalmer No. 1331

P. O. Address Bolivar

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.