DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4062

Registration District No. 859 FEB 7 1940 Primary Registration District No. 6130 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Taney

(b) ~~City or town~~ Rural - Olivar

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Kirbyville - Rural

(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 THOMAS JEFFERSON 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 Mary Elizabeth Smith

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

7. Birth date of deceased January (Month) 15th (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	25	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Peter Smith
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Ward
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robt Smith

(b) Address Hollister Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Kirbyville Cemetary

18. (a) Signature of funeral director McClurg Bros Home

(b) Address Gainesville Mo

19. (a) 1-11-40 (Date received local registrar) (b) John H Baster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1940 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1st, 1939, to Jan 10th, 1940, that I last saw him alive on January 9th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 1 month

Due to Dont Know

Due to 93

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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? (Specify type of place)

(e) While at work? (e) Means of injury

23. Signature Henry T. Evans (M. D. or other) M D

Address Branson Mo Date signed 1/11/40

(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 240-324
Date Filed FEB 6 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.....

Licensed Embalmer No.....

P. O. Address.....

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.