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.

I X16605

FEB 11 1940

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

6072
Do not use this space.

1. PLACE OF DEATH
(a) County Butler 2 Registration District No. 89
(b) Township or City Poplar Bluff 0 Primary Registration District No. 3007 Registered No. 38
(c) (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 BENJINEN H. SMITH
(a) Residence, No. Piedmont Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 OPAL Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 12 1890
7. AGE YEARS 50 MONTHS — DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Agustest Smith 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER
15. MAIDEN NAME Rebecca Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. B. H. Smith Piedmont Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson, Mo. DATE Feb 10 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gish Funeral Home Piedmont Mo.
20. FILED 2/10 1940 [signature] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1940, to ....., 19....
I last saw him alive on Feb. 8, 1940 Death is said to have occurred on the date stated above, at 11 15/P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 2/1/40 |
| Other contributory causes of importance: Chronic lymphatic leukemia | ? |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature], M. D.
(Address) Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Mo.

**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.**