

REC'D MAR 14 1940

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

6106
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 97
(b) Township Callaway Primary Registration District No. 4059 Registered No. 2
(c) City Killed (d) Street No. _____
(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 John Wilson Smith
(a) Residence, No. about 3 years St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1851
7. AGE YEARS 88 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) Feb. 24, 1940 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, Ga.
13. NAME John Wilson Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Hannah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (NAME) (ADDRESS) Lois D. Mitchell
1215 Harrison Way
18. BURIAL, CREMATION, OR REMOVAL Interment DATE Feb. 29, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Powell
Killed, Mo.
20. FILED Feb. 29, 1940 H. F. Powell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1940
22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1940, to Feb. 28, 1940
I last saw him alive on Feb. 28, 1940. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza -
Heart Failure
54
Other contributory causes of importance:
Sugar diabetes (15 years)
Senility
Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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) Fred W. Wilson, M. D.
(Address) Union, Mo.

Date of onset
Feb.
23,
1940

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.

RECEIVED

District Health Officer No. 111

District File No. 340-3 35

Filed MAR 12 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,

my self

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *H. F. Powell*

Licensed Embalmer No. *1804*

P. O. Address *Hickory 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.