DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6150

Registration District No. 102 — Primary Registration District No. 5150 — Registrar's No. 37

1. PLACE OF DEATH:

(a) County Callaway Jackson

(b) City or town Rural

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

(c) Name of hospital or institution: x

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

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

In this community Lived in County all his life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Bachelor R.F.D.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME Andrew Jackson Smith

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Laura Smith

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 14 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name Henry Smith
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Francis Rankins
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Olie Johnson

(b) Address Auxvasse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Auxvasse Cemetery

18. (a) Signature of funeral director Hughes Maupin

(b) Address Auxvasse Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1940, to March 5, 1940 that I last saw him alive on March 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature G. B. Nichols (M. D. or other)

Address Auxvasse Mo. Date signed 3-7-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Hughes Maupin

Licensed Embalmer No. 2358

P. O. Address Auxvasse, 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.

No. 21
2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6150

Registration District No. 102 Primary Registration District No. 5150 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Callaway
(b) ~~City or town~~ Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Andrew Jackson Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 72 Months 11 Days 21 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) March 6 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
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:
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(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)
While at work? (e) Means of injury
23. Signature C B Nichols (M. D. or other)
Address Auxvasse Mo Date signed

SUPPLEMENTARY