V. S. No. 2
OM—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6258

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Eldorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(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: MISSOURI (b) County: CEDAR

(c) City or town: Eldorado Springs
(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: BENJIMEN W SMITH 530

3. (b) If veteran, name war: none

3. (c) Social Security No.: nOne

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Caddie P. Smith

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: Sept. (Month) 29 (Day) 1852 (Year)

8. AGE: Years 87 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Perry COunty (City, town, or county) Ohioo (State or foreign country) 1

10. Usual occupation: Plummer

11. Industry or business: ____

FATHER
12. Name: James Smith
13. Birthplace: Perry County (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name: Anna E Baird
15. Birthplace: Perry County (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: Mrs Caddie P Smith
(b) Address: Eldorado Springs, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 16 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Eldorado Springs

18. (a) Signature of funeral director: Gwinn-Siders
(b) Address: Eldorado Springs, Missouri 154

19. (a) 2/16/40 (Date received local registrar) (b) J. H. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Feb 11 1940, to Feb 14 1940 that I last saw him alive on Feb 14 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis — 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) Means of injury: ____

23. Signature: J. H. Dawson (M. D. ~~coroner~~)
Address: Eldorado Spgs Date signed 2/15/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-40-440
Date Filed 3-13-40

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 O. D. Siders

Licensed Embalmer No. 3250

P. O. Address Edwards Springs, 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.