

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11261

State File No. _____

Registration District No. 704

Primary Registration District No. 5558

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Dallas, Missouri
(c) Name of hospital or institution:
103 & Wornall
(d) Length of stay: In hospital or institution 58 years
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Dallas, Missouri
(d) Street No. 103 Wornall
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emmett Smith

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Grace Smith (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: Jan, 30 (Month) (Day) 1881 (Year)

8. AGE: Years 58 Months 2 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation Water Works Laborer

11. Industry or business _____

12. Name Smith

13. Birthplace X Virginia (City, town, or county) (State or foreign country)

14. Maiden name Lucinda

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Smith

(b) Address Dallas, Missouri

17. (a) Burial (b) Date thereof 4/5/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 4-9-40 (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 30 to April 2nd, 1940 that I last saw him alive on April 2nd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 4 days

Due to arteriosclerosis

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? _____

(e) Means of injury _____ (Specify type of place) While at work? _____

23. Signature R. F. Brown (M. D. or other) _____

Address Wornall City Mo Date signed 4-4-1940

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

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Dr: Bralnard
Martin City, Mo.

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. 2738

P. O. Address St. Louis

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.