

RUE APR 16 1948

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

11883
Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 22
 (c) or City Maryville (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 John William Smith
 (a) Residence, No. 203 South Market St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>91</u>	<u>10</u>	<u>20</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County, Mo.

FATHER
 13. NAME William Vincent Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Rebecca Jane Holt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. Rose Smith, Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Mar. 12, 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home, Maryville Mo.

20. FILED 3-12 1948 Mamie E. Clardy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1940 to Mar 10, 1940
 I last saw him alive on March 10, 1940 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Embo Carditis
Arteriosclerosis
of W

Date of onset _____

Other contributory causes of importance:
Chronic Prostatitis
and Swell

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify Chronic Prostatitis
 (Signed) M. E. Cummings M. D.
 (Address) Maryville Mo.

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 Number 446-612
Date Filed APR 16 1948

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 John W. Price
Licensed Embalmer No. 3229
P. O. Address Maryville 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.