V. S. No. 2
30M—11-10-39
Rev. 5-17-39
I X21492

FILED APR 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Carlisle 11979
State File No.

Registration District No. 668 — Primary Registration District No. 3099 — Registrar's No. 104103

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

80
4
4

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 512 East 12th. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia (If outside city or town limits write "RURAL")

(d) Street No. 512 East 12th. St. (If rural, give location)

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

3. (a) PRINT FULL NAME: Anna Smith 530

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Joseph F. Smith

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

7. Birth date of deceased: Oct. (Month) 26 (Day) 1866 (Year)

8. AGE: Years 73 Months 4 Days 12 If less than one day hr. min.

9. Birthplace: Washington (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

FATHER 12. Name: John Sparks

13. Birthplace: Washington (City, town, or county) Ind. (State or foreign country)

MOTHER 14. Maiden name: Martha Jones

15. Birthplace: Washington (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Mrs. L. D. Burgin

(b) Address: New Franklin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Gillespie Funeral Home

(b) Address: Sedalia, Mo.

19. (a) 3-13-40 (Date received local registrar) (b) Mrs. Harry Snell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1940 hour 5 20 minute 17 M.

21. I hereby certify that I attended the deceased from 5 years, 19..., to date 3-12, 1940; that I last saw h. alive on 3-12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	Over 5 years
Due to: Chr Nephritis, Bronchial Asthma	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None.

Of autopsy: No.

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): No.

(b) Date of occurrence: No

(c) Where did injury occur? None. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury

23. Signature: Jno B. Carlisle M.D. (M. D. or other)

Address: Sedalia Mo. Date signed 3-13-40.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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.