ED APR 23 1940

No. 2
1-10-39
-17-39
X21492

7

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. 12673

Registration District No. 865 Primary Registration District No. 6143 Registrar's No.

1. PLACE OF DEATH:

(a) County Texas Cass Tex

(b) ~~City or town~~ Simmons 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Simmons (Rural)
(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 Arthur H. Smith 530

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Sallie A. Smith

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan (Month) 28 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	26	hr. min.

9. Birthplace Warren Co. Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William F. Smith
13. Birthplace S. Carolina 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Harrison
15. Birthplace Warren Co. Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sallie Smith
(b) Address Simmons Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Cabool Mo.

19. (a) Mar 26-1940 (Date received local registrar) (b) Mrs. Lou McMillin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1940 hour minute 10 p M.

21. I hereby certify that I attended the deceased from March 15, 1940, to Mar 24, 1940
that I last saw him alive on Mar 15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	2 yr
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L M Edens (M. D. or other) 1

Address Cabool Mo Date signed Mar 25 40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 5,
District File Number 440 448
Date Filed 7/1/40

Signed Gaylord Ellis
Licensed Embalmer No. 2252
P. O. Address Cabool Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.