

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18257

Registration District No. 222

Primary Registration District No. 4135

Registrar's No. 89

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Pilot Grove
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Rural Pleasant Green, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi east of P. Green
(If rural, give location)
(e) If foreign born, how long in U. S. A. 53.2 years.

8. (a) PRINT FULL NAME Richard Smith
3. (b) If veteran, ✓ name war 53.2
8. (c) Social Security No. 496-07-7909

20. DATE OF DEATH: Month May day 24
year 1940 hour 9 minute 30 P.M.

4. Sex Male 5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Opal Smith 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased May - 13 - 1911
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not attended _____, 19____, to _____, 19____;
that I last saw him alive on not seen alive _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 29 Months - Days 11 If less than one day - hr. - min.

Immediate cause of death Acute Cardiac Dilatation Instantaneous
Duration

9. Birthplace Pleasant Green, Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions Asphyxiation
(Include pregnancy within 3 months of death)

11. Industry or business Farming

MOTHER FATHER { 12. Name Robert Smith
13. Birthplace Pleasant Green, Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy no abnormality of heart, lungs or abdomen found.

MOTHER FATHER { 14. Maiden name Callie Thomas
15. Birthplace Pilot Grove, Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 24 1940
(c) Where did injury occur? Pilot Grove Cooper Mo
(City or town) (County) (State)

16. (a) Informant Opal D. Smith (Sister)
(b) Address Pleasant Green

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no In a public place while wrestling for exhibition
While at work? no (Specify type of place) (e) Means of injury while Wrestling

17. (a) Burial (b) Date thereof 5-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah - Pleasant Green

18. (a) Signature of funeral director P. E. Hays
(b) Address Pilot Grove, Mo
19. (a) May - 26 (b) P. E. Hays
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Fincher M.D. (M. D. or other) ✓
Address Boonville Mo Date signed May 25 1940

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-7-40

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 _____
Myself, Registered Apprentice No. _____
working under my personal supervision.

Signed *Clayton Eastman*
Licensed Embalmer No. *3074*
P. O. Address *Plot Grove, T.*

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.