

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

15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21721

State File No. _____

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Geary
(b) City or town Stankers Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether)
In this community one year
years, months or days

3. (a) PRINT FULL NAME George W.G. Smith 530

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased 10 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 10 hr. _____ min.

9. Birthplace Okaloosa Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Saw Mill Operator

11. Industry or business _____

12. Name Ellis Smith

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Bell Redwell

15. Birthplace Olden County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Smith

(b) Address Frankfort Indiana

17. (a) Burial (b) Date thereof 10 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell Cemetery

18. (a) Signature of funeral director J. Evans Johnson

(b) Address Stankers Missouri

19. (a) 6-17-40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Geary
(c) City or town Stankers Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day June
year 1940 hour 3:30 minute 9 M.

21. I hereby certify that I attended the deceased from April 10
1940 to 6-16 1940
that I last saw him alive on 6-10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
nephritis

Due to _____
Due to _____

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

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2410 (Specify type of place) (e) Means of injury _____

23. Signature L.M. Boyles (M. D. or other) _____

Address Conception Junction Date signed 6-17-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

9221
RECEIVED

District Health Officer No. 111

District File Number 240-1116

Date Filed JUL 5 1940

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

J. Egan Johnson

Licensed Embalmer No. 3492

P. O. Address *Starkley 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21721**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **314**

Primary Registration District No. **4190**

Registrar's No.

1. PLACE OF DEATH:

- (a) County **Agate**
(b) City or town **Stamper**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT
FULL NAME

Geo W. G. Smith

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

M

5. Color or
race **W**

6. (a) Single, widowed, married,
divorced **Div**

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

8

10

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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

CERTIFICATION

20. DATE OF DEATH Month **June** day **14**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

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 sta-
tistically.

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?

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

23. Signature **J. M. Boyles** (M.D. or other)

Address **Conception** Date signed **1940**

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

SUPPLEMENTARY

