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

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

22067

State File No.

JUL 17 1940

Registration District No. 437 Primary Registration District No. 5594 Registrar's No.

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Latour Rose Hill
(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 years, months or days)
In this community ✓ 530

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Latour
(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 William Arnold Smith
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 May Smith
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September (Month) 17 (Day) — 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	26	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Mail Carrier
11. Industry or business ✓
MOTHER FATHER
12. Name Thomas Smith
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Radah Reeves
15. Birthplace Georgia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. May Smith
(b) Address Latour Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director T. H. Goodman
(b) Address Holden Missouri
19. (a) June 16 (Date received local registrar) (b) Emma Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour 1:50 minute P.M.
21. I hereby certify that I attended the deceased from July 9, 1938, to June 13, 1940 that I last saw him alive on June 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis and aneurysm of left ventricle
Due to Coronary Occlusion (1937)
Due to 9 6
Other conditions Gen. Arteriosclerosis
(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? Yes
While at work? (Specify type of place) (e) Means of injury
23. Signature Kelly Rawlins (M. D. or other) 1
Address Holden Mo Date signed 6/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 7-15-40
Date Filed

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 T M Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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.