

FILED AUG 9 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24726

Do not use this space.

1. PLACE OF DEATH

- (a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007
 (c) City Poplar Bluff (d) Street No. 118 S. B. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 530 Everett M. Smith
 (a) Residence, No. 118 S. B. St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-26-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 9

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common labor
 9. Industry or business in which work was done, as saw mill, bank, etc. Ranch work
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

- FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

- MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Nettie Rogers
118 S. B. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE July 6, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank W. Meltzer
Poplar Bluff Mo.

20. FILED 7-15 1940 Old Outsinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

SenilityVariouse Ulcers

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Chover W. Greenlee M. D.8' (Address) Poplar Bluff Mo.

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,

Not Embalmed

or by

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

Signed..... *Chowen Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff, 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.