

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

1940 AUG 19 1940

Registration District No. 562

Primary Registration District No. 5757

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Muller

(a) County Muller

(b) City or town Rural - Richwood

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 9  
(Specify whether years, months or days) \_\_\_\_\_

In this community 16 years  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Muller

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Dixon, No. R3  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MAY MAR SMITH 531

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Charles G. Smith 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 9 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Paydown MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Albert Arendall

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

14. Maiden name Helen Gafarth

15. Birthplace MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jesse Smith

(b) Address Dixon, Mo. R3

17. (a) Burial (b) Date thereof May 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery Dixon, Mo. R3

18. (a) Signature of funeral director O. L. Boney

(b) Address Osborne, Mo.

19. (a) May 10 (b) Mr. W. J. Low Gump  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from April 12, 1938, to May 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure

Due to Hypertensive heart disease, chronic

Due to arteriosclerosis - general

Other conditions (include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

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? Y

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

23. Signature E. W. Duncan (M. D. or other) \_\_\_\_\_

Address Osborne, Mo Date signed 5/10/40

Rev. 5-17-39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Dunson)

RECEIVED

Miller County Health Dep't

County File Number 40-66

Date Filed 6-10-40

RECEIVED

Miller County Health Dep't.

County File Number

Date Filed 8-10-40

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.