S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1940

Registration District No.

Dr McDaniel

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6822

State File No. 25942

Registrar's No. 650

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) ~~City or town~~ Vergenia

(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

In this community 7.Months (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

(c) City or town Rural

(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 Joe Ray Smith 530

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 Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 14 (Day) 1939 (Year)

8. AGE: Years | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Steele (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nine

11. Industry or business None

FATHER 12. Name Roy Ray Smith

13. Birthplace Walnut Ridge, (City, town, or county) Ark. (State or foreign country)

MOTHER 14. Maiden name Thelma Woody

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

16. (a) Informant Mrs H.L.Couples

(b) Address Steele,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. 16.1940 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J.L.German

(b) Address Steele,Mo.

19. (a) 8/17/40 (Date received by local registrar) (b) L. O. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7. day 16 year 1940 hour 4. minute 30 A.M.

21. I hereby certify that I attended the deceased from 16 16 40 16, 1940, to 16, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Commission. Cause by Calculi.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J R McDaniel (M. D. or other)

Address Steele Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

8-70-31

## 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 w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**