

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26576
Registrar's No. 76

Registration District No. 906 Primary Registration District No. 6218

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartsville Rural (Brush Creek)
(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 2
(Specify whether: _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME WILLIAM ROBERT SMITH
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (b) Name of husband or wife HANNA SMITH
6. (c) Age of husband or wife If alive _____ years (Day) (Year)
7. Birth date of deceased 15 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 26
If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name William Randolph Smith

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs M. N. Heckman

(b) Address Hartsville Mo

17. (a) Burial (b) Date thereof July 2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville Mo

19. (a) 7-30-40 (b) Edna Clayton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wright
(c) City or town Hartsville Rural (Brush Creek)
(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 July day 1
year 40 hour 11:00 minute _____ P.M.
21. I hereby certify that I attended the deceased from June 7
1940, to July 1, 1940;
that I last saw him alive on July 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Duration 1yr

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 J. R. Mott (M. D. or other) _____

Address Hartsville Mo. Date signed 7-25-40

PHYSICIAN
Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 6,

District File Number 940-2470

Date Filed -----

AUG 15 1941

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.