

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH28144  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Callaway Registration District No. 104  
 (b) Township The Credie Primary Registration District No. 5151  
 (c) City 0 (d) Street No. 0 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 Albert C. Smith  
 (a) Residence, No. Rural - 1/2 mi. north Fulton (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1, 1940

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri

13. NAME Granville Smith

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

15. MAIDEN NAME Elizabeth Duggins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latine Co. Missouri

17. INFORMANT (ADDRESS) Mrs A. C. Smith The Credie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ignace DATE Aug 7, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo H. Wallace Fulton, Mo.

20. FILED Aug 7, 1940 R. N. Crews Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/40. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/22/40. 19 to 8/5/40. 19

I last saw him alive on 8/5/40. 19. Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Hemorrhage cerebral, following hard work on truck, not day, 1st. lost function, rt arm. ft. face.

Other contributory causes of importance: Hypertention, Arteriosclerosis. very fat man. big eater hard worker.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? P.E. Was there an autopsy? No.

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? NO.

so, specify \_\_\_\_\_

(Signed) W. H. Taylor, M. D.

(Address) Fulton, Mo.

Social Security no. - none

MA 241

**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 Harold J. Christy

Licensed Embalmer No. 4002

P. O. Address Dunton, MA

**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.**