

Registration District No. 400

Primary Registration District No. 56530

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Poor Asylum
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1044 9 mo.
(Specify whether years, months or days)

In this community 65 years

8. (a) PRINT FULL NAME David Smith 530

8. (b) If veteran, name war: _____ 8. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jul 13 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Noah Smith

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

14. Maiden name Lizella Neal

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

16. (a) Informant W & M Curtis
(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof Aug 6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Laurel Cem Ind Mo

18. (a) Signature of funeral director R. E. Smith

(b) Address Little Blue Mo

19. (a) 8-15740 (b) A. S. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. Wentworth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1940 hour _____ minute 3:04 P.M.

21. I hereby certify that I attended the deceased June 1-40
July-Aug 3-40
that I last saw him alive on July 30 Aug 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions None
(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? _____

White W. H. L. Smith (Specify type of ink) (a) _____ of ink

23. Signature W. H. L. Smith (M. D. or other) _____
Address Little Blue Aug 3-40 Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Wm. L. Ward*.....

Licensed Embalmer No. *3991*.....

P. O. Address *5725 Virginia*.....

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.