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DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **28924**

Registration District No. **467**

Primary Registration District No. **5628**

Registrar's No. **44**

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

1. PLACE OF DEATH:
 (a) County **Lawrence**
 (b) City or town **(Rural) Aurora Twnship**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. # 2 Verona Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Joseph William Smyth 530**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Male** **5. Color or race** **W** **6. (a) Single, widowed, married,** divorced **Widowed**
6. (b) Name of husband or wife **Manerva E Smyth** **6. (c) Age of husband or wife if** alive _____ years
7. Birth date of deceased **Jan, 9 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **?** **Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business _____

MOTHER FATHER { **12. Name** **Wm Smyth**
13. Birthplace **?** **Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Eubanks**
15. Birthplace **?** **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Delbert Hilton**
(b) Address **Verona Mo.**

17. (a) Burial **(b) Date thereof** **8/4/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mars Hill Cemetery**

18. (a) Signature of funeral director **J. F. King 418**
(b) Address **Aurora Mo.**

19. (a) 9-2-40 **(b) H. D. Cowan, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lawrence**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R.F.D. # 2 Verona Mo.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
 year **1940** hour **5** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **July 10**, 19 **40** to **July 31**, 19 **40**
 that I last saw him alive on **July 24**, 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Sexuality**
 Duration **3 mths**

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature **Neil Smith** (M. D. or other) _____
Address **12 W. Phasant** **Date signed** **8/2/40**

RECEIVED

District Health Officer No. 6,

District File Number 940-2576

Date Filed SEP 11 1940

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 Herman Survid

Licensed Embalmer No. 3072

P. O. Address Curso Mo.

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, fact should be so stated above.