

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

29844  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Monroe Registration District No. 8944  
 (b) Township 0 Primary Registration District No. 6076 Registered No. ....  
 or  
 (c) City ..... (d) Street No. .... 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 Bara Alice Smith  
 (a) Residence, No. 23 Commerce St. Bural  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	21	5	26	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

FATHER

13. NAME Pysander Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER

15. MAIDEN NAME Martha Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

17. INFORMANT (ADDRESS) Clara Smith  
Commerce, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wiley Cemetery DATE 6-22-40 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Burns  
Yellow Spgs, Mo

20. FILED 6-22-1940 Frank Hyde, Mo  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 - 1940

22. I HEREBY CERTIFY That I attended deceased from Nov 1939, to June 21 - 1940, 1940  
 I last saw him alive on June 26 - 1940, 1940 Death is said to have occurred on the date stated above, at 10 P m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Rectum  
46  
 Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Frank Hyde M. D.  
 (Address) Commerce, Mo

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.

**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.

RECEIVED

District Health Officer No. 5,

District File Number 240811

Date Filed 72280

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.**