

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **726**

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (1201 N. Forest Ave)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether 0)
In this community 0 years, months or days

3. (a) PRINT FULL NAME John Henry Smith
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Smith (Deceased)
6. (c) Age of husband or wife if alive 27 years (Day) (Year)
7. Birth date of deceased April 27 (Month) (Day) (Year) 1959

8. AGE: Years 81 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Plasterer

11. Industry or business
12. Name Thos Smith
13. Birthplace Unknown Ark. (City, town, or county) (State or foreign country)
14. Maiden name Clara Jane Powell
15. Birthplace Unknown Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Willie A. Smith
(b) Address 1201 N. Forest Ave
17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Sept 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director W. P. Campbell
(b) Address 869 Wash. Ave Springfield, Mo.

19. (a) 9-7-40 (Date received local registrar) **(b) W. S. Handley, Jr.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 N. Forest Ave
0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 5th year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 9/5/40, 1940 to 9/5/40, 1940; that I last saw him alive on 9/5/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary block Duration 48 hrs

Due to Coronary Occlusion

Due to 94%

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? NO
NO (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Q. E. Fuller (M. D. or other) _____
Address Springfield, Mo. Date signed 9/7/40

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

19
3
6

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.....

W.P. Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed *W.P. Campbell*.....

Licensed Embalmer No. *1747*

P. O. Address *Springfield*

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.

X