

No. 2
4-13-40
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42505

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 974

936

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

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:
Center at Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether
In this community **Lifetime** years, months or days) **5**

3. (a) PRINT FULL NAME **Frank Clabourn Smith**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Annie Mae Harmon** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **April 26, 1885**
(Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **7** If less than one day
hr. min.

9. Birthplace **Everton, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer (W. P. A.)**

11. Industry or business

12. Name **John Wesley Smith**

13. Birthplace **Polk County, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Francis C. Hoover**

15. Birthplace **Everton, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Mae Smith**
(b) Address **316 W. Pine**

17. (a) **Burial** (b) Date thereof **12-6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty (Cem.)**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **Springfield**

19. (a) **12-5-40** (b) **W. E. Handley, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **316 W. Pine** (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **3rd**
year **1940** hour **4** minute **7** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him ~~alive~~ **dead** on **Dec 3**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Duration **Immediate death**

Due to _____
Due to **9/10**

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? **974**

While at work? _____ (Specify type of place) (e) Means of injury **5**

23. Signature **W. E. Handley** (M. D. or other) **5**
Address **Courier Greene County** Date signed _____

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

X