

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2718

Registration District No. 347

Primary Registration District No. 5489A

Registrar's No.

1200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County: Henry
(b) City or town: near Clinton Mo RR
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community: 20 years (years, months or days)

3. (a) PRINT FULL NAME: CHAYLES F Smith

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

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

7. Birth date of deceased: Nov 13 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business

12. Name: WM Smith

13. Birthplace: New York (City, town, or county) (State or foreign country)

14. Maiden name: Salina Dewberry

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

16. (a) Informant: Mrs C F Smith

(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: 1-2-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: B Wick Cem

18. (a) Signature of funeral director: Consely Beck

(b) Address: Clinton Mo

19. (a) 1-8-41 (b) Dr J R Hampton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry #2
(c) City or town: Clinton Mo RR (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-31-40 that I last saw him alive on 12-28 and that death occurred on the date and hour stated above.

Immediate cause of death: Chy Myocarditis

Due to: Cerebral Aneurysm

Due to:

Other conditions: (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?

312 (Specify type of place) (e) Means of injury

23. Signature: Reginald J. Givelle (M. D. or other) Address: Clinton Mo Date signed: 1-2-41

Duration

1 year

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-41-267

Date Filed 2-7-41

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

J. E. Consalvo

Licensed Embalmer No. 1891

P. O. Address Clinton 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, above space should be left blank.