

Registration District No. 427Primary Registration District No. 5592Registrar's No. 1

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)

(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 13 Days3. (a) PRINT FULL NAME Billy Ray Smith

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Dec 20 1940
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 13 If less than one day 11 hr. 20 min.9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation at Home

11. Industry or business _____

12. Name B. E. Smith13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Minnie Haines15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature B. E. Smith(b) Address Holden Missouri Rt 8 #517. (a) Burial (b) Date thereof Jan 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pittsville Cemetery18. (a) Signature of funeral director T. W. Goodman(b) Address Holden Mo.19. (a) Jan 4, 1941 (b) Mrs. H. V. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. 2 1/2 Miles N.E. of Pittsville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1941 hour 8:00 minute 9 M.21. I hereby certify that I attended the deceased from Dec 20
1940 to Jan 3 1941;that I last saw him alive on Jan 1 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Broncho-pneumonia! Duration 7 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of death which 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 Kelly Rawlins (M. D. or other) _____Address Holden Mo Date signed 1/3/41

1/24/79

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-71

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.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3096

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 427

Primary Registration District No. 5292

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson, T.P.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Billy Ray Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 11 hr. 20 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 27 1941, to Jan 3 1941; that I last saw him alive on Jan 2 1941; and that death occurred on the date and hour stated above. Immediate cause of death: Broncho pneumonia Duration _____

Due to Undue Exposure probably no diseases
Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death) 107

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 Kelly Rawlins (M. D. or other) _____
Address Halden Mo Date signed 4/19/41

SUPPLEMENTAL COPY

