S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3152

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 5.

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

440

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Powell St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 540

(c) City or town Odessa
(If outside city or town limits write "RURAL")

(d) Street No. Powell St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Lewis Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Rosalie Smith

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 7 (Day) 1860 (Year)

8. AGE: Years 80 Months 9. Days 6 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business

FATHER
12. Name Samuel L. Smith
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Lavinah McCauley
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Nellie M. Wilcox
(b) Address Odessa, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Marvin Chapel

18. (a) Signature of funeral director Blinco Hines
(b) Address Odessa Mo. 416

19. (a) 1-14-41 (Date received local registrar) (b) Mrs E. M. Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1941 hour 2 minute 300 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Found dead Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

Duration

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) No

(b) Date of occurrence

(c) Where did injury occur? No injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~[illegible]~~ (Specify type of place)

While at work? (e) Means of injury 3

23. Signature W C Martin Mrs Coroner (M. D. or other)

Address Odessa Mo Lafayette Co Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-10-41
Date Filed

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. 2945

P. O. Address Odessa 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.