

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3612

State File No. _____

Registration District No. 5812

Primary Registration District No. 611

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca, Mo. Rural
(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 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca Rural
(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.? 0 years.

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3. (a) PRINT FULL NAME James A. Smith

(b) If veteran, name war _____ (c) Social Security No. 500-09-1744

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

6. (b) Name of husband or wife Lena Barnes Smith 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 19 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 25 hr. _____ min.

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

10. Usual occupation common laborer

11. Industry or business _____

12. Name Lewis Alexander

18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name DAVIS

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

16. (a) Informant Bright Smith

(b) Address Galena, Mo. Star Route

17. (a) burial (b) Date thereof 1 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director Blair Suggard

(b) Address Seneca, Mo.

19. (a) Jan 14-1941 (b) Merle Spartin
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1941 hour 11 minute 30 PM A.

21. I hereby certify that I attended the deceased from Jan 11
1941 to Jan 12 1941
that I last saw him alive on Jan 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to _____

Due to _____

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? _____

5146 While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature John B. G. ...

Address 294 Seneca Mo. Date signed 1-14-41

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

RECEIVED

District Health Officer No. 6

District File No. 141-253

Date Filed FEB 8 1941

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

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed W. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.