

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6906**

Registration District No. **316**

Primary Registration District No. **4191**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Greene

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Ash Grove 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Earl Newton Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1941 hour 4 minute 50 a.m.

3. (b) If veteran, name war none

3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from June 1937, to January 27 1941;

that I last saw him alive on January 27 1941;

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lela Doss

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

7. Birth date of deceased Feb. 23 - 1869
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema

Durations 24 hours

8. AGE: Years _____ Months 11 Days 4 If less than one day _____ hr. _____ min.

Due to Failure of Myocardite Heart 3 years

9. Birthplace Greene County, Mo.
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis Chronic 7 years

10. Usual occupation Merchant, Farmer

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

11. Industry or business General Farm & Retail Merchant

Major findings: _____

12. Name Andy Smith

Of operations _____

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

Of autopsy _____

14. Maiden name Minerva Justice

PHYSICIAN _____

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Byrd H. Smith

22. If death was due to external causes, fill in the following:

(b) Address Liberton, Missouri

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof January 29 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation at home

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Earl Smith

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 254
(Specify type of place) (e) Means of injury _____

(b) Address Walnut Grove, Mo.

23. Signature Dr. Charles H. Warr (M. D. or other) 13
Address Ash Grove, Mo. Date signed 1/29/41

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

19
1
0

RECEIVED

Greene County Health Office,

County File Number 41-2-19

Date Filed 2/10/41

FEB 26 1945

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.

FEB 23 1945

Signed J. B. Birch

Licensed Embalmer No. 3856

P. O. Address Del. Grove, 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.