

No. 2
4-13-40
5-17-39
PI X25159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15988

State File No. _____

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Scottard
(b) City or town Memphis
(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 four years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scottard
(c) City or town Memphis
(If outside city or town limits, write "RURAL") 1
(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 Phillip Lenard Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4
year 1940 hour 1:20 minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Irene Smith 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 5 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24, 1940, to Sept 4, 1940
that I last saw him alive on Sept 13rd, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 11 Days 29
If less than one day _____ hr. _____ min.

Immediate cause of death
Coronary Occlusion of Heart
Due to Hardening Arteries
Due to _____

9. Birthplace Davis Co Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Painter

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

MOTHER FATHER
11. Industry or business _____
12. Name Jake Smith
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Irene Penford
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lela Shultz
(b) Address Bloomfield Ia
17. (a) Burial (b) Date thereof Sept 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wabash Ia
18. (a) Signature of funeral director E. E. Garrison
(b) Address Memphis Mo
19. (a) April 11-1941 (b) E. E. Garrison
(Date received local registrar) (Registrar's signature)

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?
125 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. H. Alexander (M. D. number) 11
Address Memphis Mo Date signed Sept 4

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

19
1
0

RECEIVED

District Health Officer No. 10

District File Number 5-41-975

MAY 20 1941

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 Frank Gerth

Licensed Embalmer No. 1029

P. O. Address Memphis 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.