

FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17487

Registration District No. 144

Primary Registration District No. 2207

Registrar's No.

1. PLACE OF DEATH:

(a) County Crater
(b) City or town Hunter
(c) Name of hospital or institution: 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 65 years
years, months or days (Specify whether)8. (a) PRINT FULL NAME James Wm. Smith3. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex M 5. Color of W 6. (a) Single, widowed, married, divorced Married
race6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 80 years7. Birth date of deceased Feb 15, 1861
(Month) (Day) (Year)8. AGE: Years 79 Months 2 Days 24 If less than one day
hr. min.9. Birthplace Wayne co. D
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Issac Smith
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs C.R. Patterson
(b) Address 3301 Arlington, St, Louis, Mo17. (a) Burial (b) Date thereof 5/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Smith Chapel, Ellsino18. (a) Signature of funeral director Davis - Leuechel(b) Address Von Dean, Mo.19. (a) _____ (b) Pearl Brooke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crter
(c) City or town Hunter
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1941 hour 12 minute 15 a. M.21. I hereby certify that I attended the deceased from May 15, 1941, to May 9, 1941,
that I last saw him alive on May 7, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Uraemic poisoning
Ch. nephritis & hypertension
Duration 5 daysDue to _____
Other conditions 12/18
(Include pregnancy within 3 months of death)Major findings: renal
Of operations _____
Of autopsy renal

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? 136 (Specify type of place)
(e) Means of injury _____23. Signature Thm Hurchman (M. D. or other)
Address Glas Bluff, Mo Date signed 5-9-41

(Licensed Embalmer's Statement on Reverse Side)

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

1800

RECEIVED

District Health Officer No. 5,

District File Number 641174-6

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 J. Allen Davis Jr.
Licensed Embalmer No. 4053
P. O. Address Van Buren, 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.

112E 1-100 BIVC... 100

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17487

Registration District No. 144

Primary Registration District No. 5207

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carter
(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)

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Wm Smith
3. (b) If veteran _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

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

8. AGE: Years 79 Months 2 Days 24 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) May 12 41 (b) Pearl Gwocki
(Date received local registrar) (Registrar's signature)

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 H. M. Heinrichs (M. D. or other)

Address Peppin Bluff Date signed _____

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

SUPPLEMENTARY

