No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17566

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 da (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 80
(c) City or town: Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No.: 109 E Jefferson (If rural, give location) 4
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME: Jasper E. Smith
3. (b) If veteran, name war: World War
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec (Month) 11 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
48	4	22	hr. min.

9. Birthplace: Boonville, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER 12. Name: Charley Smith
13. Birthplace: Boonville, Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mollie Giles
15. Birthplace: Boonville, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Deceased Hospital Records
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia Mo
18. (a) Signature of funeral director: F. D. Ferguson
(b) Address: Sedalia Mo
19. (a) May 5-1941 (Date received local registrar) (b) Mrs Lea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1941 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4-25, 1941, to 5-3, 1941; that I last saw him alive on 5-3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Abscess of neck	4 wks
Due to: infection type unknown	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. L. Porter (M.D.)
Address: Veterans Facility, Excelsior Springs, Mo Date signed 5-3-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-41

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.