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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18060

Registration District No. 400 Primary Registration District No. 55533 Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prairie Township (If outside city or town limits, write "RURAL" and name of township).

(c) Name of hospital or institution: Jackson County Home Faith Aged & Infirm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs 6 mo. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo (b) County Jackson 0

(c) City or town Oak Grove 0 (If outside city or town limits, write "RURAL")

(d) Street No. R R (If rural, give location)

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

3. (a) PRINT FULL NAME Jess W. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced W ?

6. (b) Name of husband or wife Alice Baxter

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

7. Birth date of deceased Mar (Month) 25 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
89	2	0	— hr. — min.

9. Birthplace Ottawa Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Common

FATHER
12. Name Joseph Smith
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Smith
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Records - Jackson County Home

(b) Address Little Blue Mo

17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 6 - 4 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical

18. (a) Signature of funeral director W B Langford

(b) Address Lee Summit Mo

19. (a) 6/4/41 (Date received local registrar) (b) Sara J Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25-1 year 1941 hour 3 minute 58 A.M.

21. I hereby certify that I attended the deceased from 3/15, 1941 to 5/25, 1941 that I last saw him alive on 5/24, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W Greene (M. D. ~~or other~~)

Address Independence Mo Date signed 5/26 41

(Licensed Embalmer's Statement on Reverse Side)

Smith

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 .....

, Licensed Embalmer No. .....

P. O. Address Lees Summit

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.