

JUN 17 1941

STANDARD CERTIFICATE OF DEATH

State File No. 19144

Registration District No. 801

Primary Registration District No. 4430

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Sweet Springs  
(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 10 years  
years, months or days

3. (a) PRINT FULL NAME John Jacob Smith

8. (b) If veteran, name war  3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife LUCY M. KELLEY 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased Nov. 12 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LANCASTER Co. PA  
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business ELECTRICIAN, PLUMBER

MOTHER FATHER

12. Name GEO. W. SMITH

13. Birthplace NEW HOLLAND PA  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN TISON

15. Birthplace NEW HOLLAND PA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Smith  
(b) Address Sweet Springs, Mo

17. (a) BURIAL (b) Date thereof MAY 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director P. C. CARTER  
(b) Address SWEET SPRINGS, MO

19. (a) 5/19/41 (b) J. B. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Sweet Springs  
(If outside city or town limits write "RURAL")  
(d) Street No. 109 Dancy Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1941 hour 8:45 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 15 - 1940  
\_\_\_\_\_ 19\_\_\_\_ to 5-17- 1941;

that I last saw him alive on 5-17- 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Advanced  
T. B. of lungs - Duration 10 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 12 M

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature Chas. R. Parsons (M. D. or other) \_\_\_\_\_

Address Sweet Springs, Mo Date signed \_\_\_\_\_

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

730

RECEIVED  
District Health Officer No. 8,  
District File Number  
6-16-11  
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 *R. C. Carter*

Licensed Embalmer No. 3573

P. O. Address *West Long Md*

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.