

S. No. 2
-11-10-39
5-17-39
-1 X21492

FILED JUN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19145

Registration District No. 801

Primary Registration District No. 4430

Registrar's No. 45

97
3
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
304 South Locust Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community Own 50 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME JOHN-D-SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male (✓)

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma F Smith

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 4 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>9</u>	<u>6</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Meade County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation groceryman - Retired

11. Industry or business Retail

MOTHER FATHER

12. Name William Smith

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Schoedel

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Loraine Smith Darling

(b) Address 2113 Spied Row Louisville, Ky.

17. (a) Burial (b) Date thereof April 13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gairnes Cemetery

18. (a) Signature of funeral director Jesse Starbuck

(b) Address Sweet Springs Missouri

19. (a) 6/11/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Sweet Springs 3
(If outside city or town limits, write "RURAL")

(d) Street No. 304-South Locust Street 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1941 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 2, 1941 to April 10, 1941;
that I last saw him alive on April 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to 1310

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓

Of operations _____

Of autopsy _____

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 Leburn Ellis (M. D. or other) 0

Address Sweet Springs Mo Date signed 4/11/41

RECEIVED
District Health Officer No. 8,
District File Number
6-16-41
Index 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 Jerrett Arvey
Licensed Embalmer No. 2214
P. O. Address Sweet Springs 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.