

126

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

Rev. 5-17-39  
1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19756

State File No. 17451

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson  
(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 Entire Life  
years, months or days

3. (a) PRINT FULL NAME ROY BRYAN SMITH

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rita Lois Smith

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 14, 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>-</u>	<u>10</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Alexander Smith

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

14. Maiden name James

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

16. (a) Informant's own signature Del Dockins

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof May 25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address Jackson Mo

19. (a) 5-24-41 (b) D. G. Seibert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Jackson  
(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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1941 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from Apr 1  
1941, to May 24, 1941:

that I last saw him alive on May 23, 1941:  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Duration 3 weeks

Due to Myocarditis  
Pneumonia (unresolved)

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

Other conditions Bronchial Asthma  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature T. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 5-24-41

---

---

**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

*Ronald Steele*

Licensed Embalmer No.

*2476*

P. O. Address

*Jackson 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.**