No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21733

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 530

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield (Mo.) 2 (If outside city or town limits, write "RURAL")
(d) Street No. 889½ Boonville Ave 6 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JESSE G. SMITH
3. (b) If veteran, name war SPANISH-AMERICAN
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 3 DIVORCED
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) 5 (Day) 1875 (Year)

8. AGE: Years 65 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Foreman
11. Industry or business Frisco R.R. Co.
FATHER
12. Name Melvin H. Smith
13. Birthplace Unknown Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Bradley
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Miss Elsie Smith
(b) Address Washington D. C.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.
19. (a) 7-3-41. (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1941 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 5, 1941, 19 to June 30, 1941; that I last saw him alive on June 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Cause unknown

Due to

Other conditions Fracture, compound, left tibia and fibula June 5, 1941 (Include pregnancy within 3 months of death)

Major findings:
Of operations Auto Accident
Of autopsy Collision with pedestrian

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) accident
(b) Date of occurrence June 5 - 41
(c) Where did injury occur? Springfield, Greene, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Hy # 66 East (Specify type of place)
While at work? no (e) Means of injury Struck by auto
23. Signature James D. Horton (M. D. or other) 0
Address Springfield, Mo Date signed 7/2/41

984

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1941

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 Roy A. Lavine

Licensed Embalmer No. 1763

P. O. Address Springfield M

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

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