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K23159

FILED AUG 15 1941

Registration District No. 23

Primary Registration District No. 3014

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Penitentiary 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Not known
years, months or days

3. (a) PRINT FULL NAME HARRY SMITH (34567)

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 20 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>6</u>	<u>17</u>	hr. _____ min.

9. Birthplace Not known (City, town, or county) (State or foreign country)

10. Usual occupation Not known

11. Industry or business _____

12. Name Not known

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State Prison
(b) Address Jefferson City, Mo

17. (a) Burial (b) Date thereof 7-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director Dawson Tanner
(b) Address Jefferson City, Mo.

19. (a) 7/14/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. Mo. State Prison
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1941 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on July 6th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions Diabetic Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) ()

Address Prison Hospital Date signed July 7, 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

L. N. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jeff City, Mo.

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

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