DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28409

State File No.

Registration District No. 334 Primary Registration District No. 4197 Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town BETHANY Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WOOD HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 041

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

(d) Street No. WASHINGTON TWSP. (If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE J. SMITH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER 2

6. (b) Name of ~~husband or~~ wife ELIZABETH

(c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 26 (Day) 1851 (Year)

8. AGE: Years 90 Months 1 Days 24 If less than one day hr. min.

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

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name JOSEPH SMITH
13. Birthplace (City, town, or county) 4 ENGLAND (State or foreign country)

MOTHER
14. Maiden name HANNAH JOWETT
15. Birthplace (City, town, or county) 4 ENGLAND (State or foreign country)

16. (a) Informant Fred Smith

(b) Address Hatfield, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation WESLEY CHAPEL

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany, Mo.

19. (a) Aug 27-41 (Date received local registrar) (b) Ida M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1941 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 18, 1941, to Aug 20, 1941 that I last saw him alive on Aug 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right Hip. Neck of femur

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 041

(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 0

23. Signature Ernest L. Good (M. D. or other) DO

Address Bethany Mo. Date signed

30 (Licensed Embalmer's Statement on Reverse Side)

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.....Thornton H. Haas.....

Licensed Embalmer No.....2861.....

P. O. Address.....Bethany, 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.

No. 2B
—8-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

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Registration District No. 334 Primary Registration District No. 4197 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wood Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George J. Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 26 (Day) 1851 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10/13/41 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip neck of femur

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

186a
1b

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8-17-41

(c) Where did injury occur? Martinsville (City or town) Harrison (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury accidentally falling downstairs

23. Signature Ernest L. Good (M.D. or other)

Address Bethany Mo. Date signed 10/12/41

OCT 2 3 1941