

No. 2
12-40
7-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31673

Registration District No. 396

Primary Registration District No. 5552

Registrar's No.

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Buckner - Fort Osage Top State Missouri
 (c) Name of hospital or institution U. S. Hwy. No. 24
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) City or town Buckner - Rural
 (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. 54 years 0 years.

3. (a) PRINT FULL NAME Benjamin Smith
 3. (b) If veteran, name war.
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. 27 day
 year 1941 hour 9:30 minute P. M.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Mary Smith
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 7, 1845
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12 - Sep 12 1941 to Sep 12 1941
 that I last saw him alive on Sep 12 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 96 Months 3 Days 20 If less than one day hr. min.

Immediate cause of death Myocardial Degeneration

9. Birthplace Worcester, England
 (City, town, or county) (State or foreign country)
 10. Usual occupation Gardener - retired

Due to Scurvy
 Due to
 Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.
 12. Name Henry Smith
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary - surname not known
 15. Birthplace England
 (City, town, or county) (State or foreign country)

Major findings: Of operations 93
 Of autopsy

16. (a) Informant Mrs. Mary O'Neal
 (b) Address Buckner, Missouri
 17. (a) Burial Washington (b) Date thereof 9/30/41
 (Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cem.

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

18. (a) Signature of funeral director J. M. Ruppert
 (b) Address Buckner, Missouri
 19. (a) 9-29-41 (b) John W. Robertson
 (Date received local registrar) (Registrar's signature)

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 John W. Robertson (M. D. or other)
 Address Buckner, Mo. Date signed 9-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

