

BUREAU OF THE CENSUS
FILED NOV 24 1941

Registration District No. 397

Primary Registration District No. 5553A

Registrar's No.

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Rural *Parsons, Mo.*

(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: _____
In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: 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.: 0 years.

3. (a) PRINT FULL NAME: Jesse Smith

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

4. Sex: Male 5. Color or race: white

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

6. (b) Name of husband or wife: June Smith 6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: June 1 1885
(Month) (Day) (Year)

8. AGE: Years: 56 Months: 5 Days: 4 If less than one day: _____ hr. _____ min.

9. Birthplace: Green Wood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: William A. Smith

13. Birthplace: Ill.
(City, town, or county) (State or foreign country)

14. Maiden name: Jane Ann Madux

15. Birthplace: Green Wood Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs June Smith

(b) Address: Green Wood Mo.

17. (a) Burial (b) Date thereof: 10/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Wood Mo.

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

(b) Address: Parsons, Mo.

19. (a) Nov 17 1941 (b) Mrs. Nellie Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 5th
year: 1941 hour: 12:50 minute: _____ A. M.

21. I hereby certify that I attended the deceased from January 22 1941 to Nov. 5 1941
that I last saw alive on Nov. 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to: _____
Due to: _____

Other conditions: _____
(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: Clint R. Miller (M.D. or other) MD
Address: Parsons, Mo. Date signed: 11/6/41

Duration: 1 day

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

94a

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

8000

Dr. Miller
Wesley King

Mrs. Callie Hays
Green Wood Mo.

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.....
by me Nov. 5 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul Brownfield*

Licensed Embalmer No. 3735
P. O. Address Pleasant Hill 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.