

42710

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 669

Primary Registration District No. 4401

Registrar's No. 21

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Smithton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: East side of town
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Smithton
 (If outside city or town limits, write "RURAL")
 (d) Street No. East side of town
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

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

20. DATE OF DEATH Month 16 day Dec
 year 1941 hour 10 minute 09 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hattie Smith
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased 3 - 4 - 52
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17-16-41 to 17-16-41, 1941
 that I last saw him alive on Dec 16, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 9 Days 12 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 938
 Of operations _____
 Of autopsy _____

10. Usual occupation Retired farmer

11. Industry or business _____
 12. Name Sam'l Smith
 13. Birthplace State of New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Cornelia Bush
 15. Birthplace State of Ohio
 (City, town, or county) (State or foreign country)

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 home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place)
 (e) Means of injury _____

16. (a) Informant's own signature Thos. A. Smith
 (b) Address 6 1/2 W. - Sedalia Mo
 17. (a) Burial (b) Date thereof 12 18 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Smithton Cemetery
 18. (a) Signature of funeral director A. F. Neunmeyer
 (b) Address Smithton Mo
 19. (a) Jan 2 - 42 (b) Ans Anna Berger
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Smithton Mo Date signed 1/17/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39 I 19181

RECEIVED

District Health Officer No. 8,

File Number

1-14-42

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.....

A. F. Ramsey

Licensed Embalmer No.....

3912

P. O. Address.....

Smithton Pa

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

If this body is not embalmed, above space should be left blank.