

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6364

State File No. _____

FILED MAR 20 1942
Registration District No. 284

Primary Registration District No. 30-1-3 2013

Registrar's No. 6

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

1. PLACE OF DEATH: Clinton
(a) County: Clinton
(b) City or town: Cameron Mo.
(c) Name of hospital or institution: 804 West Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 years
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME: Sarah E Smith.
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: A.C. Smith
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 20 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 16 hr. min.

9. Birthplace: Harrison Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business _____

MOTHER FATHER { 12. Name: Elijah James Steward
13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name: Susan T Jones
15. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Claude Sears
(b) Address: Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 2-8-42
(Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen Cemetery

18. (a) Signature of funeral director: Poland Funeral Home
(b) Address: Cameron

19. (a) 2-7-42 (Date received local registrar)
(b) Kathleen Harris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clinton
(c) City or town: Cameron
(If outside city or town limits, write "RURAL")
(d) Street No.: 804 West Third St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6
year 1942. hour 6:50 P.M. minute M.

I, hereby certify that I attended the deceased from Jan 20 1942 to Feb 6 1942
that I last saw him alive on Feb 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Liver
Due to: Liver
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): No
(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) (Specify type of injury)
23. Signature: J. L. Bellard (M. D. or other)
Address: Cameron Mo Date signed 2/7/42

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

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

Gerald F Wade

Licensed Embalmer No. *4172*

P. O. Address. *Cameron, Mo.*

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, fact should be so stated above.