

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6626

BUREAU OF THE CENSUS  
FILED MAR 20 1942

Registration District No. 309

Primary Registration District No. 4185

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Albany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)  
In this community 5 months

3. (a) PRINT FULL NAME Mrs. Anna 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 Richard Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 17 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 8 20 hr. 7 min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name John Shepherd Smith

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

14. Maiden name Sarah McCoy (State or foreign country)

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

16. (a) Informant Loren Smith

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation Putnam Cemetery

18. (a) Signature of funeral director Wm. H. H. H. H.

(b) Address Albany, Mo.

19. (a) Feb 7 - 1942 (Date received local registrar) (b) Wm. H. H. H. H. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry  
(c) City or town Albany (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1942 hour 6 minute 07 A.M.

21. I hereby certify that I attended the deceased from Sept. 16 - 41 to Feb. 4 - 42 that I last saw him alive on Feb. 4 - 42 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Descending Colon Duration 16 mos.

Due to 46

Due to \_\_\_\_\_

Other conditions Liver Metastases (Include pregnancy within 3 months of death) 4 mos.

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 Frank R. H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 2-7-42

**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 me.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3329

P. O. Address.....

**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.**