

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6628

State File No.

FILED MAR 20 1942-311

Registration District No.

Primary Registration District No. 5433

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hackwood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilson swp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community life time years, months or days)

3. (a) PRINT FULL NAME

Orlando Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. 70412

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife 611819

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 13 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	5	hr. min.

9. Birthplace

Jefferson Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Orlando Smith

13. Birthplace

Jefferson Co MO
(City, town, or county) (State or foreign country)

14. Maiden name

Ann Marie Smith

15. Birthplace

Jefferson Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Ellen Smith

(b) Address

Hackwood Mo

17. (a)

Burial
(Burial, cremation, or other)

(b) Date thereof

2/20/42
(Month) (Day) (Year)

(c) Place: burial or cremation

Jefferson Cemetery

18. (a) Signature of funeral director

Edith F. Phillips

(b) Address

Jefferson Mo

19. (a)

2/19/42
(Date received local registrar)

(b)

Howard H. White
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Hackwood
(If outside city or town limits, write "RURAL")
(d) Street No. N. W. of Alonzo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 5 1941 to Feb 18 1942
that I last saw him alive on Feb 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of
heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

E. H. Williams
Address Jefferson Mo Date signed 2-19-42

1108

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

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.

Reg. No. 309 Primary Reg. No. 5433 Registrar's No. 23.

Deceased

Orlando Smith. Time of death Febr. 18, 1942.
Place of death - Wilson Town. Gentry County, Mo.
(Ravenwood, Mo.)

Name and birthplace of father not shown on certificate as
deceased was of illegitimate birth.

2/20/42

Homer W. Webster
Registrar Gentry Co., Mo.