

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 309

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10744

State File No.

Registrar's No. 40

Registration District No.

Primary Registration District No. 5427

1. PLACE OF DEATH:

(a) County: Gentry Co
(b) City or town: Athens Township Rural Athens
(If outside city or town limits, write "RURAL" and name of township)
(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: 1
(Specify whether)
In this community: 35 yrs
years, months or days

3. (a) PRINT FULL NAME: ROBERT LEE SMITH

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

4. Sex: MALE 5. Color or race: W 6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife: Anna Belle Smith 6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: Dec 28 1868
(Month) (Day) (Year)

8. AGE: Years: 77 Months: 2 Days: 14 If less than one day hr. min.

9. Birthplace: Gentry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER { 12. Name: Thed Smith
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Not Known
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Wade Smith
(b) Address: New Hampton Mo

17. (a) Rural (b) Date, thereof: Mar 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Foster Cemetery

18. (a) Signature of funeral director: W. A. Noble
(b) Address: New Hampton Mo

19. (a) April 1 - 1942 (b) Henry J. Shabert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lemay 322
(c) City or town: New Hampton Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 South 1 mile West Rural
of New Hampton (If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 8
year: 2 hour: 30 minute: A M.

21. I hereby certify that I attended the deceased from Trained body after death, 1942
that I last saw him alive on March 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 93d

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: 2

23. Signature: Jack G. Burnes (M. D. or other) DO
Address: King City, Mo Date signed: 3/8/42

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.....

W G Noble....., Registered Apprentice No.....
working under my personal supervision.

Signed W G Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton 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, above space should be left blank.