

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 27 1942

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 358

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2980 N. Grant
(If not in hospital or institution, write street number or location) None

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 55 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Rural N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. 2980 N. Grant
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME David G. Smith

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1942 hour 11:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 28 1941 to May 5 1942 that I last saw him alive on Feb 3 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie G. Smith 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 17, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Chr. Myocarditis Hypertension

Due to _____

Due to _____

Other conditions (Include pregnancy within 9 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Cleveland, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation retired Grocer

11. Industry or business Grocery Business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Annie G. Smith

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 5/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Castlawn Cem.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 5-7-42 (b) W.E. Handley
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W.E. Handley (M. D. or other) W.E.
Address Springfield, Mo Date signed 5/5/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

39
0
0

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.....

Harlow Knobb

Licensed Embalmer No.....

4865

P. O. Address.....

Springfield 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.