S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19227

FILED JUN 12 1942

Registration District No. 2 Primary Registration District No. 6121 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Reger, Duncan Twp. (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 — (Specify whether In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Reger, Duncan Twp. (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME James Franklin Smith
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Catherine Smith 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April (Month) 2, (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Reger, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter-retired
11. Industry or business —
FATHER 12. Name Thomas Hardy Smith
13. Birthplace Boone Co., (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Susan Francis Drake
15. Birthplace Sullivan Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Jas. F. Smith
(b) Address Reger, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Henry Cem. Reger
18. (a) Signature of funeral director Schoeneise
(b) Address Milan, Mo. (Frank D.)
19. (a) June 2-1942 (Date received local registrar) (b) Mrs R D Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 3: minute 00 P. M.
21. I hereby certify that I attended the deceased from April, 1940, to May, 1942, that I last saw him alive on May 9th, 1942, and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy
Due to Arterio Sclerosis & Cancer Rectum
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Quinn H. Becker (M. D. or other) DO
Address Milan Date signed 7/17/41

1190

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1262
Date Filed JUN 5 1942

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 Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, 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.