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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21232

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 483

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: R.F.D #11 Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

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

(d) Street No. R.F.D. #11
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES E. F. SMITH.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE C

5. Color or race WHITE

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

6. (b) Name of husband or wife CLARA E. SMITH

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased March (Month) 27 (Day) 1855 (Year)

8. AGE: Years 87 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace BRANT (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business Ministry

FATHER
12. Name Charles W. Smith
13. Birthplace Unknown, Canada 2 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna M. Fuller
15. Birthplace Eden N. York 1 (City, town, or county) (State or foreign country)

16. (a) Informant Clara E. Smith
(b) Address R#11 ~~Springfield~~ Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation East Town

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 6-30-42 (Date received local registrar) (b) Dr. W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 18, 1942 to June 28, 1942 that I last saw him alive on 6/24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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 Arthur D. Knapp (M.D. or other) MD
Address 450 1/2 E. Council Date signed 6/30/42

784 (Licensed Embalmer's Statement on Reverse Side)

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. 4931

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.