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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21908

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 85

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Whitesville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ava Alva Smith
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced 2 W
6. (b) Name of husband or wife Maggie Kleinfelder
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 5 (Day) 1971 (Year)

8. AGE: Years 70 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Andrew Co. (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Retired Hardware Salesman
11. Industry or business
FATHER
12. Name James F. Smith
13. Birthplace Andrew Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Jemima Bailey
15. Birthplace Andrew Co (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Mrs Lois Ilah Berry
(b) Address Stanberry Mo.
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 6-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Whitesville
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) June 18, 1942 (Date received local registrar) (b) Mary Caile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 9 hour 30 minute A.M.
21. I hereby certify that I attended the deceased from Dec 21, 1941 to June 16, 1942
that I last saw him alive on June 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of prostate	?
Secondary anemia	?
Due to: Chr. Myo Carditis	?
Due to: Bladder Neck obstruction	?

Other conditions (Include pregnancy within 3 months of death) 51b

Major findings:
Of operations Carcinoma of prostate
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. F. Byland (M. D. or other) MyO
Address Maryville Mo Date signed 6/17/42

1268 (Licensed Embalmer's Statement on Reverse Side)

COPY

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sarcoxie 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.