

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS

FILED AUG 10 1942

Registration District No. 397

Primary Registration District 6292

Registrar's No. _____

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

1. PLACE OF DEATH: Worth
 (a) County _____
 (b) City or town Denver-Road-Allen 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 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Worth 113
 (c) City or town Denver-Road 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Wesley Smith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month APRIL day 2nd
 year 1942 hour 11:40 minute _____ P. M.

4. Sex M O 5. Color or race W
 6. (a) Single, widowed, married, divorced 2 divorced
 6. (b) Name of husband or wife Mary A Smith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 13 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1941 to _____ 19____;
 that I last saw him alive on March 27 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 5 Days 13 If less than one day
 hr. _____ min. _____

Immediate cause of death Chronic Valvular Heart DISEASE Dilation
 Due to _____ 920
 Due to _____

9. Birthplace Iowa (City, town, or county) (State or foreign country) 1
 10. Usual occupation farming

Other conditions Chronic Gastritis
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Samuel Smith 1
 13. Birthplace Ohio (State or foreign country) 1
 14. Maiden name Rena Cherry (City, town, or county) (State or foreign country)
 15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elmo Smith
 (b) Address Denver, 116
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (Month) (Day) (Year)
 (c) Place: burial or cremation Miley cemetery
 18. (a) Signature of funeral director Branford
 (b) Address Denver 116
 19. (a) July 6 1942 (Day) (Month) (Year) (b) Arden Scaddan (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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. W. Bailey (M. D. or other) D.O.
 Address Appt 3rd Date signed Apr. 3, 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.....



Licensed Embalmer No.....

2947

P. O. Address.....

Denver, 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.