

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Kamp
33187
State File No.

FILED NOV 10 1942

Registration District No. 38 Primary Registration District No. 3.0.0.6-5720- Registrar's No. 230

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1110 N. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone **10**
(c) City or town Columbia **9**
(If outside city or town limits, write "RURAL") **4**
(d) Street No. 1110 N. Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN FRANKLIN SMITH
(b) If veteran, name war none
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 19
year 1942 hour 1:00 minute A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Grace
(c) Age of husband or wife if alive 1875 years
7. Birth date of deceased 9 29 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13
1942 to Oct 19 1942
that I last saw her alive on Oct 18 1942
and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day
67 0 20
hr. min.

Immediate cause of death Chronic myocarditis
Duration 1 yr

9. Birthplace Hatleton Pa.
(City, town, or county) (State or foreign country)

Due to Asthma + Bronchiectasis 2 yr
Due to.....

10. Usual occupation Day Laborer

Other conditions.....
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: none **930**
Of operations.....

12. Name Unknown
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John E. Smith
(b) Address 1110 N. Grand

17. (a) Burial (b) Date thereof 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel
18. (a) Signature of funeral director Edward J. Service
(b) Address Columbia, Missouri

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)

19. (a) Oct 20 - 1942 (b) Edna W. Barber
(Date received local registrar) (Registrar's signature)

While at work?.....
(c) Means of injury 0
23. Signature Not a physician (M. D. or other).....
Address Columbia, Mo Date signed.....

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

10
7

1250

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 *W. A. Vandewette*
Licensed Embalmer No. *2494*
P. O. Address *Columbia 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.