

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37551

Do not use this space.

## 1. PLACE OF DEATH

6/1 (a) County Macon Registration District No. 233  
 3 (b) Township Macon Primary Registration District No. 2725  
 2 (c) City Macon (d) Street No. Country Professor Registered No. 97  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

## 2. PRINT FULL NAME

Shuman S Smith  
 (a) Residence, No. Macon St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 9 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER 13. NAME J. S. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Marian James  
Ethel

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ethel DATE 11/7 1942

19. FUNERAL DIRECTOR (ADDRESS) Harry E Young  
Ethel

20. FILED 11/6 1942 John B. Hunter  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1942

22. I HEREBY CERTIFY That I attended deceased from Sept 1941, to Nov 6 1942

I last saw him alive on Nov 5 1942 Death is said

to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset 1941

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. F. Turner M. D.

(Address) Macon, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FORM 7-20-37

I. X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-42-4015

Date Filed Dec 18, 1942

STATEMENT BY LICENSED EMBALMER

*Henry C. Young*

Licensed Embalmer No. 3402

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Henry C. Young*

Licensed Embalmer No. 3402

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.)