

No. 2
-13-40
-17-39
K X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40797

FILED JAN 1 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 883

1. PLACE OF DEATH:

GREENE

(a) County
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(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
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 220 N State
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Fred Smith

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex M 5. Color or race Wht 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 22 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Smith

(b) Address 953 S. Jefferson, City

17. (a) Burial (b) Date thereof Dec 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director J.W. Maples

(b) Address Greene Mo

19. (a) 12-12-42 (b) S W Hardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1942 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 11 1942 to Dec 11 1942

that I last saw him alive on 12/11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to _____

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

Major findings: JZK
Of operations _____

Of autopsy _____

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 Ray D Callaway (M. D. or other M.D.)

Address Springfield Mo Date signed 12/11/42

Duration
10 Hrs.

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

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

39
2
6

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.....

J.W. Maples

Licensed Embalmer No.

2985

P. O. Address.....

Clemer 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.

+