

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

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.

FILED FEB 9 1943

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

2404

Do not use this space.

1. PLACE OF DEATH

(a) County I. B. A. N. Registration District No. 144  
 (b) Township \_\_\_\_\_ Primary Registration District No. 42.35  
 (c) City ANNAPOLIS (d) Street No. 1 Registered No. 9 1.  
 (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JAMES SMITH

(a) Residence, No. ANNAPOLIS, MD. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF TEACHEL E. SMITH.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 6, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 3 25

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. Saw Mill  
 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) Potosi, MISSOURI

FATHER 13. NAME JOHN SMITH  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MARTHA JOHNSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON CO, MISSOURI

17. INFORMANT (ADDRESS) TEACHEL SMITH, ANNAPOLIS MD

18. BURIAL, CREMATION, OR REMOVAL PLACE MEADOR CEM. DATE 1/3/43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. P. Lenzel, Jinton Mo.

20. FILED 1-5 19 43 Virginia R. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st to Jan. 1st, 1943

I last saw him alive on Dec 26th, 1942 Death is said to have occurred on the date stated above, at 3:45 p. m.

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

acute Bronchial Pneumonia Date of onset 12/27/42  
107

Other contributory causes of importance  
acute naso-pharyngitis 12/1/42  
hypertensive heart disease?  
Chronic Bronchitis?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) P. C. Harland, M. D.  
 (Address) Clinton Mo.

RECEIVED

District Health Officer No. 4

District File Number 243-1714

Date Filed 2-8-43

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.

1/1/43

Signed Geo. P. Luebel

Licensed Embalmer No. 3475

P. O. Address Ironton 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, above space should be left blank.**