S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006-5120

State File No. 5807

Registrar's No. 32

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: 204 E / Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: X (Specify whether years, months or days) In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 204 Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: r

3. (a) PRINT FULL NAME: James Allen Smith
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Ann Morgan Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JAN (Month) 17th (Day) 1858 (Year)
8. AGE: Years 85 Months 0 Days 25 If less than one day hr. min.
9. Birthplace: Kokomo (City, town, or county) / Indiana (State or foreign country)
10. Usual occupation: Sec 4 man
11. Industry or business: M K T
FATHER
12. Name: James Dudley Smith
13. Birthplace: Kokomo (City, town, or county) / Indiana (State or foreign country)
MOTHER
14. Maiden name: Nancy Jane Puruis
15. Birthplace: Kokomo (City, town, or county) / Indiana (State or foreign country)
16. (a) Informant: Mrs Gilburn Stone
(b) Address: O Fallon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisburg Kansas
18. (a) Signature of funeral director: R. O. Willett
(b) Address: Columbia Mo
19. (a) 2-13-43 (Date received local registrar) (b) Edna F. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feby day: 12th year: 1943 hour: 8.10 minute: A. M.
21. I hereby certify that I attended the deceased from Aug 27, 1942 to Feb 11, 1943 that I last saw him alive on Feb 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bright's Disease	1 yr
Due to: X 1318	
Due to:	
Other conditions: Hypertention (Include pregnancy within 3 months of death)	
Major findings: Of operations: X	
Of autopsy: X	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No.
(b) Date of occurrence: X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury: X
23. Signature: F. B. Williamson M.D. (M. D. or other)
Address: Columbia Mo Date signed: 2-12-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3183

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.