7830

S. No. 2
M—9-4-41
5-17-39
P1 X29444

FILED MAR 11 1943 331

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. ..... Primary Registration District No. 4486 Registrar's No. 4

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1. PLACE OF DEATH:
(a) County Scott
(b) City or town Bebton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None, Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

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3. (a) PRINT FULL NAME John Sherwood Smith
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zetie Mae Smith
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October, 24th 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	3	23	....hr. ....min.

9. Birthplace Cape Girardeau, Jackson, MO. (City, town, or county) (State or foreign country)
10. Usual occupation County Official
11. Industry or business .....
MOTHER FATHER
12. Name John M. Smith
13. Birthplace Jackson, Mo (City, town, or county) (State or foreign country)
14. Maiden name Dixie ~~Smith~~ Dicherson
15. Birthplace Jackson, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs J Sherwood Smith
(b) Address Benton Mo
17. (a) Burial A (Burial, cremation, or removal) (b) Date thereof 2-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Poke Cem Commerce Mo
18. (a) Signature of funeral director Bisplinghoff & Hobbs
(b) Address Chaffee Mo
19. (a) Feb. 24 1943 (Date received local registrar) (b) Leona Fumendein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour ..... minute 7 a. M.
21. I hereby certify that I attended the deceased from March, 1942, to Feb, 1943 that I last saw him alive on Feb. 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Convulsion (Brights)	1 1/2 Yrs
Due to Chronic Brights Disease	1 1/2 Yrs
Due to Arterial Sclerosis	1 1/2 Yrs
Other conditions Hiek Blood-Pressure (Include pregnancy within 3 months of death)	1 1/2 yr

Major findings:
Of operations .....
Of autopsy 131 f

PHYSICIAN
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) —
(b) Date of occurrence —
(c) Where did injury occur? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? ..... (Specify type of place) (e) Means of injury —
23. Signature A D Ferguson (M. D. ~~coroner~~)
Address Benton, Mo. Date signed 2/21-43

1126

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 343-355
Date Filed 3-8-43

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.

Signed Marnie Rispenghe

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.