

FILED JUN 17 1943

Registration District No. 37

Primary Registration District No. 4100

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Strasburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) (Specify whether _____)

3. (a) PRINT FULL NAME James Quincy Smith

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Smith 6. (c) Age of husband or wife if alive 71 years

Birth date of deceased Feb - 24 - 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Cole Camp, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name of father James G. Smith

13. Birthplace of father Cole Camp, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name of mother Minerva Carr

15. Birthplace of mother unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Heather Hoover

(b) Address Pleasant Hill Mo

17. (a) Removal (b) Date thereof 5/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director D. A. Nossinger

(b) Address Pleasant Hill, Mo

19. (a) June 10/43 (b) Margaret Talle
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Strasburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1943 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from May 27, 1943 to May 30, 1943
that I last saw him alive on May 30, 1943, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to myocarditis
Sept. Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 13e

Major findings: 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?

23. Signature Jan F. Hancock (M. D. or other) 90
Address Pleasant Hill, Mo Date signed 5/31/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D. J. Noferinger
Licensed Embalmer No. 3938
P. O. Address Pleasant Hill

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.