

25811

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 5 1943

Registration District No. 285

Primary Registration District No. 597

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Walnut Grove, R3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Jackson Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Walnut Grove, R 3
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Amos Jasper Smith;

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, widowed Divorced Widowed

6. (b) Name of husband or wife Alice J. Routh Smith 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased February, 25 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Alabama (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farmer

12. Name Joseph Smith, 13. Birthplace Alabama (City, town, or county) (State or foreign country)

14. Maiden name Ruth Tower 15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Rowin, (b) Address Ash Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Wm A Bond (b) Address Walnut Grove, Missouri

19. (a) 7-31-43 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1943 hour 8 minute 30p. M.

21. I hereby certify that I attended the deceased from July 15 1943 to July 29 1943 that I last saw him alive on July 29th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder and Cardiac failure.

Due to Enlarged Prostate, Arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 52 lb

Major findings: Of operations..... Of autopsy.....

Duration
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?..... (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 Wm A Bond (M. D. or other) 7-31-43
Address Walnut Grove, Mo Date signed

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1198

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

Gene A. Bism

Licensed Embalmer No. **2664**

P. O. Address... **Walnut Grove, Miss**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 285 Primary Registration District No. 5976 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Rural Jackson Twp
(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)

3. (a) PRINT FULL NAME Ames Jasper Smith
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 25 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days less than one day min.

9. Birthplace Alabama (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (7-31-43) (Date received local registrar) (Rose Stewart) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 1943 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19... 19...
that I last saw him... alive on... 19...
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

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

SUPPLEMENTARY 29

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

5-28817