

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35561

Registration District No. 293

Primary Registration District No. 6005

State File No.

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Rally  
(b) City or town Rural Spencer Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution most of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME J. Boss 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, widowed  
6. (b) Name of husband or wife Emily Beighley Smith 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased March 6 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 6 16 — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business Edward B. Smith

MOTHER FATHER { 12. Name Edward B. Smith 9  
13. Birthplace not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Ellice 9  
15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Smith  
(b) Address 124 3rd, Hermosa Beach, Calif.  
17. (a) Burial (b) Date thereof Sept 24, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Cemetery, center, Mo.

18. (a) Signature of funeral director Roe P. LeFayard  
(b) Address 1000 Blueway, N. Kansas City, Mo.  
19. (a) 9-22-1943 (b) R. S. Berkley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rally 87  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. Spencer Township (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1943 hour — minute — M.

21. I hereby certify that I attended the deceased from July 15 1943 to Sept 20 1943  
that I last saw him alive on Sept 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 10 min

Due to —  
Due to —

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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 Engene J. ... Address New Kansas City Date signed 10/22/43

1171

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-43-1818

Date Filed NOV 12 1943

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.....*Ray P. Schwartz*.....  
Licensed Embalmer No. 1765

P. O. Address *M. Blum, Hannibal, 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.