

3. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42567 ✓

State File No. \_\_\_\_\_

FILED JAN 15 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5568

Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Blue N.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1921 Springs  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural -  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6, Kansas City  
(If rural, give location)

(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Homer E. Smothers

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1943 hour 6 minute 0 M.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Anna Smothers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 18, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>15</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Burlington, Iowa  
(City, town, or country) (State or foreign country)

10. Usual occupation Retired Laborer

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name H. E. Smothers

13. Birthplace Kennett, Illinois  
(City, town, or country) (State or foreign country)

14. Maiden name Abbeira

15. Birthplace Ellipton  
(City, town, or country) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Inspection and history

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Smothers

(b) Address 1921 Springs N.C. Route 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Geo. C. Catson

(b) Address Independence, Mo

19. (a) 12-5-43 (Date received local registrar) (b) James W. Ross (Registrar's signature)

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 Auto

23. Signature Geo. C. Catson (Date signed) 12/3/43

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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: *Lloyd C. Carson*  
Licensed Embalmer No. *N 99*  
P. O. Address: *Independence*

**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.