

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 14 1943

Registration District No. 103

Primary Registration District No. 4296

Registrar's No. 38

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

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Browning  
(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 years, months or days) Lifetime

3. (a) PRINT FULL NAME Jerrema John Smith

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Margaret Smith 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. 7, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Live Stock Dealer

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

12. Name George D. Smith  
13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Haynes  
15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Smith  
(b) Address Browning, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Browning, Mo. Jenkins Cem.  
18. (a) Signature of funeral director Schubert's  
(b) Address Milan, Mo. Frankl.  
19. (a) Dec. 29 43 (Date received local registrar) (b) Mrs. C. C. Woolf (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Browning  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1943 hour 2 minute 40 a.m.

21. I hereby certify that I attended the deceased from May 22, 1943, to Dec 23, 1943  
that I last saw him alive on Dec 21, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 mo

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

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

Other conditions Hypertension  
(Include presence, within 3 months of death)  
arteriosclerosis

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 J. R. M. Carter (M. D. or other) \_\_\_\_\_  
Address Browning, Mo. Date signed Dec 28 43

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

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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 *Frank D. Schoer*

Licensed Embalmer No. *2016*

P. O. Address *Milan, W*

**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.**