

FILED APR 12 1944

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

Registration District No. 150

Primary Registration District No. 5579

Registrar's No. 7

119  
000

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Marshall Mo  
(c) Name of hospital or institution: Jasper Co TB Hospital  
(d) Length of stay: In hospital or institution 7 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64  
(c) City or town Marshall 3  
(d) Street No. 703 So Main 4  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Barney A Smith

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. Unknown

4. Sex m

5. Color or race O wh

6. (a) Single, widowed, married, divorced 1 m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1904

(Month)

(Day)

(Year)

8. AGE:

Years 39

Months 11

Days 0

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Marshall Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Oscar Smith

13. Birthplace

Ohio

(City, town, or county) (State or foreign country)

14. Maiden name

Clara Long

15. Birthplace

Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant

Acosta

(b) Address

17. (a)

Removal (Burial, cremation, or removal)

(b) Date thereof May 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation

Marshall Mo

18. (a) Signature of funeral director

Walt City Ind O

(b) Address

Walt City Mo

19. (a)

May 14 1944 (Date received local registrar)

Miss Lilledagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour 8 minute 45 a M.

21. I hereby certify that I attended the deceased from March 8 1944 to March 14 1944 that I last saw him alive on March 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

13 fl

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 Jesse B. Douglass (M. D. ) Address: Walt City Mo Date signed 3/14/44

44-3-201

**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

*A. K. Mills*

Licensed Embalmer No.

*347*

P. O. Address

*West City, 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.**