

No. 2
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28631

State File No. _____

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH: Reynolds Rural Mo.
 (a) County Reynolds
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Reynolds
 (c) City or town Rural
 (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 _____

3. (a) PRINT FULL NAME John Wilson Smith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 31 year 1944 hour 4 minute 15 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Oct 15 1865 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1 1944 to August 31 1944 that I last saw him alive on August 31 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 10 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death arterio-sclerotic hypertensive my
 Duration _____

9. Birthplace Ellington Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer-retired

Due to natural causes attending old age
 Due to Labar Pneumonia 2 days

11. Industry or business _____
 12. Name Daniel Smith
 13. Birthplace Kenil (City, town, or county) (State or foreign country)
 14. Maiden name Jane Ford
 15. Birthplace Reynolds Co Mo. (City, town or county) (State or foreign country)

Other condition Labar Pneumonia (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Clarence Emmell
 (b) Address Ellington Mo.
 17. (a) Burial (b) Date thereof 9-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ellington

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

18. (a) Signature of funeral director Phil A Leichel
 (b) Address Ellington Mo.
 19. (a) 9-1-1944 (b) Essie Evans (Date received local registrar) (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 _____
 23. Signature J. B. Bugg (M. D. or other) MD
 Address Ellington, Mo Date signed 8-31-44

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

70
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RECEIVED

District Health Officer No. 5,

Case File Number 944472

Date filed 9-8-44

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 8-31-44

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address: Van Buren Inc

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.