

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37363

State File No. _____

Registration District No. 47

Primary Registration District No. 5161

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town New Bloomfield *Callaway*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 2 Months

3. (a) PRINT FULL NAME JOHN HENRY 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 Lou Young Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 - 2 - 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Green County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Isaac Smith 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Martha McAdams 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Smart
(b) Address Route 2, New Bloomfield, Mo.

17. (a) Burial (b) Date thereof 10-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-7-1944 (b) Jones Moseuthoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1944 to Sept 30, 1944
that I last saw him alive on Sept 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Coronary Heart Disease
arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) (c) Means of injury _____

23. Signature E. Moseuthoff (M. D. or other) _____
Address Mo. Columbia Date signed 10-4-44

(Licensed Embalmer's Statement on Reverse Side)

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

400

MOTHER FATHER

More
of
de
the
same
insert the
original

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-17-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Chas. L. ...*

Licensed Embalmer No. 4132

P. O. Address ...

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.