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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 20

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4197

State File No. 6103

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 68-0-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Stanberry Mo. 38
(If outside city or town limits, write "RURAL") 3
(d) Street No. West 3rd Street 5
(If rural, give location)
(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME James Madison Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male ✓

5. Color or race Wht

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

6. (b) Name of husband or wife Sarah Jane Smith

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

7. Birth date of deceased 12 (Month) 20 (Day) 1856 (Year)

8. AGE: Years 88 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Nodaway County Mo. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ✓

MOTHER FATHER

12. Name Sidney Smith

13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann McDaniel

15. Birthplace Dont Know. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Rector Smith

(b) Address Stanberry Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1 - 8 - 1945 (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Cemetary, Gentry

18. (a) Signature of funeral director Evan Johnson

(b) Address Stanberry Mo.

19. (a) Jan. 12-1945 (Date received local registrar) (b) Arthur M. McBeth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1945 hour one minute P.M.

21. I hereby certify that I attended the deceased from Dec. 19 41 to Jan 5 19 45
that I last saw h[im] alive on Jan 5 19 45;
and that death occurred on the date and hour stated above.

Immediate cause of death (a) Coronary Occlusion Duration

Due to (b) Arteriosclerosis 3 yrs

Due to (c) —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury —

23. Signature F. L. Hillyard (M. D. or other)
Address Stanberry Mo. Date signed Jan 7, 45

110 5

(Licensed Embalmer's Statement on Reverse Side)

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~~ Evan Johnson, Registered Apprentice No. ✓ working under my personal supervision.

Signed Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Kearney Nebr.

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.