U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

Dr J. W. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6686

FILED FEB 24 1945

Registration District No. 248 Primary Registration District No. 5789 Registrar's No. 2

1. PLACE OF DEATH

(a) County: Mississippi

(b) City or town: St James Subpunct (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 8 miles N. West of E. Prairie Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: JAMES ALBERT SMITH.

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: April (Month) 15 (Day) 1856 (Year)

8. AGE: Years 89 Months 9 Days ..... If less than one day hr. ..... min.

9. Birthplace: Scott Co. (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Farming

11. Industry or business .....

FATHER
12. Name: Leon Smith
13. Birthplace: Scott Co. (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Sarah F. West
15. Birthplace: Scott Co. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: J. L. Smith

(b) Address: East Prairie Mo. Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Dogwood Shelby

18. (a) Signature of funeral director: Travis Shelby

(b) Address: East Prairie, Mo.

19. (a) 2-12-1945 (Date received local registrar) (b) Fannie E. Bryan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from January 1944 to January 15 1945 that I last saw him alive on about Dec. 15 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: arterio-sclerosis	
and	
Due to: Chronic Nephritis	
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: George W. Whitaker (M. D. or coroner)

Address: East Prairie Mo Date signed 2/6/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 245-239
Date Filed 2-15-45

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 Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie 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.