. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8950

State File No.

Registration District No. 23

Primary Registration District No. 5094

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Bates

(b) City or town R. F. D. Rich Hill Mo
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 7

(c) City or town Greensburg 9
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDREW SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

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

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

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

7. Birth date of deceased Nov 18 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	3	12	hr. min.

9. Birthplace Poland Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dirks
(b) Address Rich Hill Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 3/5/45
(Month) (Day) (Year)
(c) Place: burial or cremation Greensburg Kan

18. (a) Signature of funeral director Booth
(b) Address Rich Hill Mo

19. (a) Mar. 5. 1945 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Feb.~~ Mar. day 3rd
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Jan. 24th, 1945, to ~~Feb.~~ Mar. 3rd, 1945;
that I last saw him alive on ~~Feb.~~ Mar. 3rd, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Myocardial decompensation	
Due to Toxemia	
Due to	
Other conditions Senility, Hardening of the Arteries (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 2

23. Signature Taylor R. McBee (M. D. or other) D.O.

Address Rich Hill Mo Date signed 3-5-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Ser. 3-45-248
Date Filed 4-5-45

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.....

Licensed Embalmer No.....

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.