

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41577
Do not use this space.

FILED JAN 9 1946

1. PLACE OF DEATH

(a) County Johnson Registration District No. 167
 (b) Township Johnson Primary Registration District No. 5606 Registered No. 57
 (c) City _____ (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Andrew Smith
 (a) Residence, No. _____ Johnson Co. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-46 1946

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizzie A. Smith

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1945 to Dec. 15, 1945

I last saw him alive on Dec. 14, 1945 Death is said to have occurred on the date stated above, at 5:10 am.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 1

Arlan's - telan's
dysentery
dist of Regurgitation

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 3 11. Total time (years) spent in this occupation life

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Ky.

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

15. MAIDEN NAME Mrs. McNeill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Geo. Smith
Johnson Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 3100 ... DATE 1-17-46

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ellen Brownfield

20. FILED 1-1-46 1946 Wm. H. Redford
Local Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) L. V. Murray M.D., M. D.
 (Address) Robert Hill, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

By me 12-15-45....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownell*
Licensed Embalmer No. *3785*
P. O. Address *Pleasant Hill*

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, above space should be left blank.