

S. No. 2
M-8-43
5-17-39
P. I. 57823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6329

FILED FEB 28 1946

State File No. _____

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mr. Vernon, Mo.
(c) Name of hospital or institution: Mr. Vernon, Mo.

(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Jasper L. Smith

3. (b) I veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 25 hr. min.

9. Birthplace Lawrence, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Day Laborer

12. Name Dr. James H. Smith

13. Birthplace Lawrence, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Leppa & Spang

15. Birthplace Lawrence, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Bullen

(b) Address 1109 E. Thompson, Searcy, Mo.

17. (a) Crematorium (b) Date there Nov 7 1945
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Meternan City Cemetery

18. (a) Signature of funeral director Dr. B. Bullen

(b) Address Mr. Vernon, Mo.

19. (a) 12/7/45 (b) Dr. Philbrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Mr. Vernon, Mo. (If outside city or town limits, write "RURAL")

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

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1945 hour 10 minute a M.

21. I hereby certify that I attended the deceased from _____, 1945 to 11/29/45, 1945
that I last saw him alive on 11/29/45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Chr. myocarditis

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

Major findings:
Of operations _____
Of autopsy 93d

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? _____ Means of injury _____

23. Signature James H. Smith (M.D. or other) _____

Address Mr. Vernon, Mo. Date signed 12/20/45

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

159 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 146-135
Date Filed FEB 26 1946

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. 946

P. O. Address. Mr. Vernon M. Co.

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.