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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23797

Registration District No. 93 Primary Registration District No. 5382 Registrar's No. 56

29
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Earnest Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 miles N.W. - Greenfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles N.W. Greenfield
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME JACKIE AUSTIN SMITH

3. (b) If veteran, name war No
3. (c) Social Security No. ✓

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 ✓ years
7. Birth date of deceased June (Month) 20 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name Oscar Smith
13. Birthplace South Greenfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Mayfield
15. Birthplace Oklahoma (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Smith
(b) Address R#2 Greenfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pennsboro Cemetery
18. (a) Signature of funeral director Sam E. Senseney Jr
(b) Address Greenfield Mo
19. (a) 6-30-47 (Date received local registrar) (b) Geo L. Weir (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27
year 1947 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Birth, 19 to , 19 ;
that I last saw him alive on Birth, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

200

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 0
23. Signature James A. Wren (M. D. ~~or other~~)
Address Lockwood Date signed 6-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 747-698
Date Filed JUN 17 1947

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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.