

No. 2-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27498

State File No. _____
Registrar's No. 63

Registration District No. 139 Primary Registration District No. 5483

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany, Mo.
(c) Name of hospital or institution:
County Home Bethany 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME HENRY Lee Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Susan Smith Deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 29 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name John C Smith
13. Birthplace North Carolina
14. Maiden name Laura Sellinger
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant James Smith
(b) Address Bethany, Mo

17. (a) Burial (b) Date thereof July 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W. H. Hall
(b) Address New Hampton, Mo

19. (a) Aug 6 1947 (b) Zola Burgess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Bethany 0
(If outside city or town limits, write "RURAL")
(d) Street No. County Home Bethany Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 8 minute 5 P.M.
21. I hereby certify that I attended the deceased from 25 June 47
to 22 July 47, 19____ to 22 July 47, 19____
that I last saw him alive on 22 July 47
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
Duration years
Due to _____
Due to _____
Other conditions Vitamin deficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations an
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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Louis B. O'Leary (M. D. or other)
Address Bethany, Mo. Date signed Aug 4 47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.