S. No. 2
—1/47
5-17-39

81
3
0

ENCLOSED
MAR 13 1948

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5757
Registrar's No. 11 5757

Registration District No. 276
Primary Registration District No. 4410

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St. James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town St. James 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James Smithe
3. (b) If veteran, name war --
3. (c) Social Security No. 202-03-5542
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Laura Oliver Smithe
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased January (Month) 22 (Day) 1909 (Year)

8. AGE: Years 38 Months 11 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Albert Smithe
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Armilda Barton
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Laura Smithe
(b) Address St. James, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem.
18. (a) Signature of funeral director Leland Curtis
(b) Address Thayer, Mo.
19. March 1, 1948 (Date received local registrar) Cara E. Birmingham (Registrar's signature) 153

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1948 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan 2, 1948 to Jan 7, 1948;
that I last saw him alive on Jan 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Heart Disease c̄ acute failure	6 mo
Due to	
Due to	
Other conditions ascites (Include pregnancy within 3 months of death)	
Major findings: Of operations 95 B	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature E. E. Fund M.D. (M. D. or other)
Address Rolla mo Date signed 2-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Fund, Rolla

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 3-12-48

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 Leland Carter

Licensed Embalmer No. 4515

P. O. Address Thayer, 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.