National Office of Vital Statistics
FILED MAR 10 1948
Registration District No. 3587

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6218

State File No. 7621

Registrar's No.

1. PLACE OF DEATH:
(a) County VERNON
(b) City or town MILO, MO. DOVER TOWNSHIP
(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 years, months or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County VERNON 108
(c) City or town MILO - DOVER TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES BENJIMAN SMITH
3. (b) If veteran, name war WORLD WAR #I
3. (c) Social Security No. 492-12-6317

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY SMITH
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased OCTOBER (Month) 7 (Day) 1895 (Year)

8. AGE: Years 52 | Months 4 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace VERNON (City, town, or county) MO. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name ROBERT L. SMITH
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name NORA SMITH
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant CECIL SMITH
(b) Address MILO MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation BRASHER CEMETERY
18. (a) Signature of funeral director Leonard Deeny
(b) Address Sheldon Mo.
19. (a) Mar 2 1948 (Date received local registrar) (b) Mrs. Ruth Faith (Registrar's signature) 330

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1948 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from 2-21-48, 1948 to 2-25-48, 1948
that I last saw him alive on 2-25-48, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cancer of Lung and throat | Several yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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

23. Signature C. L. Keithley (M. D. or other)
Address Milo Mo. Date signed 2-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1-47
17-39

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

MAR 17 1948

SEP 17 1948

RECEIVED
District Health Officer No. 7
District File Number 2-48-310
Date Filed 3-9-48

MAR 12 1948

## 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 L Gerald Berry

Licensed Embalmer No. 4263

P. O. Address Sheldon 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.