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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42155

Registration District No. 324

Primary Registration District No. 6084

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Nelson, Rural Nelson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Blackwater Township  
Route 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community lifetime in Saline County  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Nelson  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT WILLIAM THOMAS SMITH  
FULL NAME

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Jane Ritchie

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 12, 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1948 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 23  
1948, to Nov 28, 1948;  
that I last saw him alive on Nov 28, 1948;  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Angina Pectoris 3 days

Due to Coronary Occlusion

Due to Arteriosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Nathaniel Smith

{ 13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Elizabeth Jobe

{ 15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none PHW

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sarah Jane Smith (widow)

(b) Address Route 1, Nelson, Mo.

17. (a) Burial (b) Date thereof 11/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heath's Creek Cemetery

18. (a) Signature of funeral director Dwaine Ewing

(b) Address Sedalia, Missouri

19. (a) Nov 28-1948 (b) Sidney J. Gray  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature John Mc Neal (M. D. or other) M.D.

Address Hanston Date signed 11-28-48

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

**RECEIVED**

District Health Officer No. 8,

District File Number

Date Filed 12-29-48

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**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 Maone Ewing

Licensed Embalmer No. 3849

P. O. Address ledalia 270

**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.