

DEC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2300  
Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 35  
(c) City SPRINGFIELD (d) Street No. 603 West Harrison St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Ellis Smith

(a) Residence, No. 603 W. Harrison St. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Butcher  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Tiffin  
(STATE OR COUNTRY) Ohio

13. NAME John E. Smith

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

15. MAIDEN NAME Amanda Ruff

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ed. Hamilton  
(ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cem DATE Jan 14 1939

19. FUNERAL DIRECTOR (NAME) Herman H. Lohmeyer  
(ADDRESS) Springfield, Missouri.

20. FILED Jan 14 1939 Chas. K. George 290 (Address) 314 South 3rd St.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

I HEREBY CERTIFY, That I attended deceased from January 6, 1939, to January 12, 1939  
I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 11:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
History of previous stroke  
History of fall in street on his way home 1/6/39

Other contributory causes of importance:

History of fall in street on his way home 1/6/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ✓ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. H. Thomas, M. D.

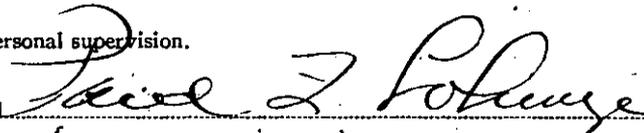
**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**