REC'D FEB 25 1939

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

3357
Do not use this space.

77

1. PLACE OF DEATH

(a) County Ozark — Registration District No. 646

(b) Township Jackson — Primary Registration District No. 5855 — Registered No. 1

or

(c) City ~~Brixey Mo~~ — (d) Street No. ..... 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 530 George Washington Smith

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brixey Mo.

FATHER

13. NAME Martin Robert Smith

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

MOTHER

15. MAIDEN NAME — Snelson

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

17. INFORMANT (ADDRESS) Andy Smith

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sauder DATE 1-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) .....

20. FILED Jan. 20 1939 Mrs. Riley Harris Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Jan. 15, 1939

I last saw him alive on on Jan. 6, 1939. Death is said to have occurred on the date stated above, at 5:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
92	

Other contributory causes of importance: Senility

Name of operation None Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. None

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. E. Bushong, M. D.

(Address) Gainesville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 7 1939
6-39-210

RECEIVED
District Health Officer No. 6,
District File Number 6-39-210
Date Filed FEB 11 1939

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 con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.