

REC'D MAR 20 1939

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

7979
Do not use this space.

1. PLACE OF DEATH 2

(a) County Shelby Registration District No. 828
 (b) Township Jackson Primary Registration District No. Lakeman Registered No. _____
 (c) City Lakeman (d) Street No. 4507 St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 73 yrs. 4 mos. 30 ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Jessie Smith Sec.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 11 - 1865
 7. AGE YEARS 73 MONTHS 4 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.
 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. Farmer
 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) Shelby County, Missouri
 13. NAME William G. Sec.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County, Missouri
 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 17. INFORMANT Mary E. Butler (ADDRESS) Lakeman Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Nendall Cemetery DATE Feb 12th 1939
 19. FUNERAL DIRECTOR Grover Shivan (ADDRESS) Hannibal Mo
 20. FILED Feb. 11 1939 Mrs. Lyell Landrum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1939 to Feb 10 1939
 I last saw him alive on Feb 10 1939. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Feb 5.
 Date of onset _____
 Other contributory causes of importance: Influenza Feb 1, '39
 Name of operation Chl. Cholec. 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? _____
 If so, specify _____ (Signed) D. K. Simpson, M. D.
750 (Address) Shelby Co. Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number *10-39-449*

Date Filed **MAR 5** 1939

STATEMENT BY LICENSED EMBALMER

I, *George J. Givan*, Licensed Embalmer No. *1754*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *ME*

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *George J. Givan*
Licensed Embalmer No. *1754*

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.)