REC'D APR 11 1939

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

10061
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan,
(b) Township Washington
(c) City St. Joseph,
Registration District No.
Primary Registration District No. 1001
Registered No. 214
(d) Street No. Missouri Methodist Hospital, 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. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
530

2. PRINT FULL NAME William Richard Smith,
(a) Residence, No. St. Eagleville, Mo.
(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 Sibyl Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1853

7. AGE: Years 85 | Months 3 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

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. Farm,
10. Date deceased last worked at this occupation (month and year) March 1914
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren County, Kentucky,

FATHER
13. NAME Henry Smith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren County, Kentucky,

MOTHER
15. MAIDEN NAME Elizabeth Barrett,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren County, Kentucky,

17. INFORMANT Mrs. Wm R. Smith
(ADDRESS) Eagleville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eagleville, Mo DATE Mch. 3rd. 1939

19. FUNERAL DIRECTOR (NAME) Nelson-Bigale & Bo
(ADDRESS) 319 So. 10th Str. Jurney St.

20. FILED Mar 3 1939 A. J. Roellebach
as Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/26/, 1939, to 3/3/, 1939
I last saw him alive on 2/27/, 1939. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:
Myocardial, valvular heart disease. Arterio-sclerosis. Hypertrophy of Prostate

Name of operation Prostatic resection Date of 2/16/39
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Charles Greenberg, M. D.
(Address) St. Louis & Joplin Mo.

(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.

THIS IS A PERMANENT RECORD

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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, Mar 3, 19

....., or by ....., —

Registered Apprentice No....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3607

P. O. Address 317 S. 10th St Joseph

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.