

53 JUN 8 1939

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

18452  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson Primary Registration District No. 5293 Registered No. 116  
(c) City Jefferson (d) Street No. R.P.D.#1, Jefferson City, Mo 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 Samuel H. Smith

(a) Residence, No. R.P.D.#1 Jefferson City, Mo. (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 (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-25-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 2 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate  
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) Jefferson City, Mo.

FATHER 13. NAME John H. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Maryland

MOTHER 15. MAIDEN NAME Elizabeth Wolfenschmeider

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

17. INFORMANT (ADDRESS) T. Mahan Smith Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cn DATE Apr 27, 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. Gordon Jefferson City, Mo. 111

20. FILED 318 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1939 to April 14, 1939  
I last saw him alive on April 14, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Carcinoma of stomach Date of onset

Other contributory causes of importance: Hypertension

Name of operation X-Ray Date of .....  
What test confirmed diagnosis? X-Ray Was there an autopsy? no

22. 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 John W. Gordon M. D.  
(Signed) Jefferson City, Mo.  
(Address) Jefferson City, 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.

OCT 19 1943

**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.....

*Ferd P. Dulle*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City Mo*

**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.**