

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.

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

19079  
 Do not use this space.

1880 JUN 19 1939

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 472  
 (b) Township Wineyard Primary Registration District No. 5731 Registered No. \_\_\_\_\_  
 (c) City Stotts City (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**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Narrend Knight</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24-1872</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>			<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Bookkeeper</u>			
	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) <u>Union Township Jasper County Mo.</u>				
FATHER	13. NAME <u>Nathan Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper Co Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Martha J. Johnson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co Ark.</u>			
17. INFORMANT (ADDRESS) <u>Mary M. Smith Stotts City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Budman Cemetery</u> DATE <u>June 6 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Local Mortuary - Bethel, Mo.</u>				
20. FILED <u>6/9 1939</u> <u>Thas H. Powell</u> Local Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from May 23 1939 to June 3 1939  
 I last saw him alive on June 1 1939 Death is said to have occurred on the date stated above, at 1:30 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Aortic Insufficiency Date of onset not known

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) P. A. Holmes, M. D.  
472 (Address) Mt Vernon Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1304

Date Filed JUN 13 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 comply with the above constitutes grounds for revocation of license.)**

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