

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

AUG 14 1939

25665

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township N. Campbell Primary Registration District No. 5439 Registered No. 589
 (c) City SPRINGFIELD (d) Street No. R#11 CO. ALMS HOME 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

FRANKLIN D. SMITH
 (a) Residence, No. R#11 St. (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 Divorced (write the word)
Don't know
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 68 - - - Retired
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1939
 22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
 I last saw in active dead July 26 1939. Death is said to have occurred on the date stated above, at 12 P. M.
 The principal cause of death, and related causes of importance were as follows:

Coronary thrombosis
a+b
 Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

FATHER 13. NAME Unknown ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Floyd Dixon
R#11 Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Hazwood Cemetery DATE July 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Hubner
Springfield, Mo.

20. FILED July 26 1939 Charles D. George
Local Registrar

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?
 If so, specify (Signed) J. P. Ferguson Coroner, M. D.
644 E. Elm
240 (Address)

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.

RECORD THIS IS A PERMANENT RECORD

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.....

Roy A. Brown

....., Licensed Embalmer No. *1763*

P. O. Address..... *Springfield*

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.

X