

REC'D AUG 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH26535
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 680
 (b) Township Spring Creek Primary Registration District No. 5908
 (c) City _____ (d) Street No. _____ 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? yrs. mos. ds.

2. PRINT FULL NAME

George Smith
 (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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
89 7 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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) Phelps Co mo
 (STATE OR COUNTRY)

13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

15. MAIDEN NAME Sanders

16. BIRTHPLACE (CITY OR TOWN) Do not know
 (STATE OR COUNTRY)

17. INFORMANT G. M. Smith
 (ADDRESS) Edgemo Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Smith Cemetery DATE July 28 1939

19. FUNERAL DIRECTOR (NAME) P. Johnson
 (ADDRESS) Newburg, Mo. 6121

20. FILED Aug 1 1939 Alpha Coffey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Old age

Date of onset

Other contributory causes of importance:

Name of operation _____ 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) W. J. Straker M. D.(Address) Edgemo Springs

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.

District Health Officer No. 5,

District File Number 839 57

Date Filed 8 10 39

Signed Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.