DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3306

Registration District No. 667 Primary Registration District No. 4440 Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town La Monte Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town La Monte Mo (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANCIS J. SMITH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife MARY A. SMITH

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 12 (Day) 1861 (Year)

8. AGE: Years ~~80~~ 78 Months 4 Days 20 If less than one day hr. min.

9. Birthplace England (City, town, or county) Sorrow (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joshua Smith
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pendy
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. M. Carlin

(b) Address La Monte Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Leroy Mo

18. (a) Signature of funeral director B. F. Carlin

(b) Address La Monte Mo

19. (a) 1-1-40 (Date received local registrar) (b) B. F. Carlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 year 1940 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from on cases to 1-1-40, 19 ; that I last saw him alive on Dec 30, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Proffed dead. Heart.	
Due to Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Walker (M. D. or other) M.D.

Address La Monte Mo. Date signed 1-1-40

(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 import

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/5/40

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 B. F. Carrier

Licensed Embalmer No. 1594

P. O. Address La Moncloa

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.