

APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11036
318

Registration District No. 318

Primary Registration District No. 5440

Registrar's No.

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

1. PLACE OF DEATH: GREEN J Campbell

(a) County: GREEN
(b) City or town: Springfield
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(d) Length of stay: In hospital or institution 6 days 5
In this community 530 years, months or days

8. (a) PRINT FULL NAME: Smith, Merritt Lafayette

8. (b) If veteran, name war: no
8. (c) Social Security No.

4. Sex: m
5. Color or race: white
6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Alvia Smith
6. (c) Age of husband or wife if alive: 5 years

7. Birth date of deceased: April 21 1889
(Month) (Day) (Year)

8. AGE: 50 Years 11 Months 10 Days If less than one day hr. min.

9. Birthplace: Wapello Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Railway mail clerk

11. Industry or business

MOTHER FATHER { 12. Name: Milo J. Smith

13. Birthplace: Ottumwa
(City, town, or county) (State or foreign country)

14. Maiden name: Leatherine Harpich

15. Birthplace: Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Alvia Smith
(b) Address: 114 Broadway Monett

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 4/1-1940
(c) Place: burial or cremation: O. O. F. Cemetery
(Month) (Day) (Year)

18. (a) Signature of funeral director: Callaway
(b) Address: Monett, Mo

19. (a) 4/1/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry
(c) City or town: Monett Mo
(d) Street No.:
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 31st year: 1940 hour: 8 minute: 35 a.m.

21. I hereby certify that I attended the deceased from 3-25-40 to 3-31-1940 that I last saw him alive on 3-30-1940 and that death occurred on the date and hour stated above.

Immediate cause of death:
Due to: Coronary artery disease and pulmonary fibrosis of the heart.

Due to:
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

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): no (b) Date of occurrence:

(c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? (f) Means of injury:
23. Signature: William A. [unclear] Address: 2100 S. Halland Date signed: 3/31/40

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W. R. George

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.....

J. D. Buchanan
working under my personal supervision.

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

Signed *J. D. Buchanan*
.....

Licensed Embalmer No. *3149*

P. O. Address *Monitt*

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.

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Campbell
(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
In this community..... years, months or days)

3. (a) FULL NAME Merritt Lafayette 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 m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 10 If less than one day..... hr..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER { 12. Name.....

FATHER { 13. Birthplace..... (City, town, or county) (State or foreign country)

{ 14. Maiden name.....

{ 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 31 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Arricular Fibrillation
of the Heart

Due to..... 108

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?
While at work?..... (Specify type of place) (Means of injury)

23. Signature Wm R. Metzger (M. D. or other).....
Address Springfield Mo Date signed.....

SUPPLEMENTAL

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

1940
S-11036