S. No. 2
—11-10-39
. 5-17-39
I X21492

7

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19777

Registration District No. [illegible] JUN 2/1/41 Primary Registration District No. 6145 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS COUNTY Raymondville Mo

(b) ~~City or~~ town [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County TEXAS

(c) City or town RURAL.
(If outside city or town limits, write "RURAL")

(d) Street No. 1 MI. NORTH 1/4 MI. E RAYMONDVILLE
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL J. SMITH 530

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MARCH (Month) 10 (Day) 1879 (Year)

8. AGE: Years 61 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Ashley Creek (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation FARMER 2

11. Industry or business 7

FATHER
12. Name MARION SMITH 0
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name REBECCA KELL
15. Birthplace Dont KNOW (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Scott
(b) Address Raymondville Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 20 (Month) (Day) 1940 (Year)
(c) Place: burial or cremation Boone Creek

18. (a) Signature of funeral director Mrs. Harry McCaw
(b) Address Rolla Mo.

19. (a) May 30-40 (Date received local registrar) (b) Mrs. Dora Gregory (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from JULY, 1936 to MAY 29, 1940 that I last saw him alive on MAY 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE URINARY RETENTION OF PROSTATIC HYPERTROPHY	
Due to CHRONIC DEGENERATION OF KIDNEYS + LIVER	
Due to TUBERCULOSIS OF LEFT KNEE	1888
Other conditions BLINDNESS (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) _____
(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 [illegible] (M. D. or other) HD
Address Houston Mo. Date signed 5-29-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~or by~~ _____, Registered Apprentice No. _____, working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 640 649
6640
Date Filed

Signed Mrs. Harry McCaw

Licensed Embalmer No. 1804

P. O. Address Rolla 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.