S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27938

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 183

1. PLACE OF DEATH:
(a) County: Boone
(b) ~~City or town~~: Ashland Rt 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Infirmary Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Boone County Infirmary.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: IRVIN Smith 53D

3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: ✓ Sarah S. Smith
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: 9 (Month) 15 (Day) 1853 (Year)

8. AGE: Years 86 Months 11 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace: Boone Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "
FATHER
12. Name: Wilson Smith
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Eliza Tipton
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Austin Smith
(b) Address: 207 Forest ave. Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia McCam, 74
18. (a) Signature of funeral director: Porters (Mitch)
(b) Address: Columbia Mo.
19. (a) 8/21/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1940 hour 5 minute P M.
21. I hereby certify that I attended the deceased from July 17, 1940, to 8-20-, 1940 that I last saw him alive on 8-16-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrage
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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 M Campbell (M. D. or ~~other~~)
Address: Columbia Mo Date signed 8-21-40

(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 embalmed by me, ~~or by~~ .....

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

working under my personal supervision.

Signed W. H. Vanderventer

Licensed Embalmer No. 2494

P. O. Address Columbia, 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.