DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 22 1941

Registration District No. 900

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44211

Primary Registration District No. 6207

Registrar's No.

1. PLACE OF DEATH:

(a) County: Webster

(b) ~~City or town~~: Niangua

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

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

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster

(c) City or town: Niangua

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

(d) Street No.: X

(If rural, give location)

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

3. (a) PRINT FULL NAME: John Henry Smith

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Martha Elizabeth

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

7. Birth date of deceased: March 11, 1858 (Month) (Day) (Year)

8. AGE: Years: 82 years; Months: 2; Days: 27; If less than one day: X hr. X min.

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

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER

12. Name: Samuel C. Smith

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

MOTHER

14. Maiden name: Nemmie Poindexter

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

16. (a) Informant's own signature: Mrs. Harry Stone

(b) Address: Marshfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Good Springs

18. (a) Signature of funeral director: Roy Ramey

(b) Address: Marshfield Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1940 hour minute P.M.

21. I hereby certify that I attended the deceased from June 6, 1940, to June 8, 1940, that I last saw him alive on June 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis

Due to

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. T. Schlicht (M.D. or other)

Address: Niangua Mo Date signed 6/12/40

(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 important.

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 12-40-3058
Date Filed DEC 19 1940

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: Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield 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.