

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1604

Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
 (b) Township Tarkio Primary Registration District No. 50 27 Registered No. 9
 (c) City Tarkio Mo. (d) Street No. 0 St. 0
 (e) Length of residence in city or town where death occurred 88 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SUSAN SCOTT SMITH.

(a) Residence, No. Tarkio Mo. Rural. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick C. Smith.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 5 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd School
 9. Industry or business in which work was done, as saw mill, bank, etc. Teacher.
 10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Co Mo. 0

FATHER 13. NAME Josia Scott.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Jane McKee.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana. 1

17. INFORMANT Earl S. Smith.
 (ADDRESS) Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Center Grove DATE Aug 22-1940.

19. FUNERAL DIRECTOR J. S. Bennett
 (ADDRESS) Tarkio Mo.

20. FILED Aug 21, 1940 C. C. Vaughn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1940 19 40

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1940 to Aug 20, 1940

I last saw h. s. alive on Aug 20, 1940 Death is said

to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?
arterial Hypertension ?

Other contributory causes of importance:

Senility 1/20

Name of operation none Date of none

What test confirmed diagnosis? Primal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. C. Vaughn, M. D.

(Address) Tarkio Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, W. S. Clement, Licensed Embalmer No. 3381
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Clement

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. S. Clement
Licensed Embalmer No. 3381

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.)