

S. No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAR 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6485**

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether)

In this community                       
years, months or days

3. (a) PRINT FULL NAME ORRIN E. SMITH

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife She Smith

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

7. Birth date of deceased April 13 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>1</u>	hr. <u>                    </u> min. <u>                    </u>

9. Birthplace Paris, Ark 1 Mich  
(City, town, or county) (State or foreign country)

10. Usual occupation assessor & farmer

11. Industry or business                     

MOTHER FATHER {

12. Name RR Smith

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

14. Maiden name Sarah Randall

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

16. (a) Informant State Hospital Records

(b) Address Fulton, Mo

17. (a) REMOVAL (b) Date thereof Feb 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW CAMBRIA, MO

18. (a) Signature of funeral director Geo J Wallace

(b) Address Fulton Mo.

19. (a) 2-14-41 (b) R. N. Crews  
(Date between local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 184

(c) City or town Bynumville 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1941 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 3  
1941, to Feb 14, 1941;  
that I last saw him alive on Feb 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral hypostatic bronchopneumonia 3 days  
Duration

Due to Generalized arterio-sclerosis ?

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?                       
(City or town) (County) (State)

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

1060                                            
(Specify type of place) (e) Means of injury

23. Signature John J. Blake mo (M. D. or other) 0

Address Fulton, Mo Date signed 2/14/41

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

14  
1  
2

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**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 James A. Medd  
Licensed Embalmer No. 4152  
P. O. Address Fulton 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, fact should be so stated above.**