

Registration District No. 859

Primary Registration District No. 6130

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Hollister, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 N. W. 1st
(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 Jasper
(c) City or town Hollister
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILLIAM Smith

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 26th 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Sebolia Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Dad Knowl 9

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

14. Maiden name Dad Knowl 9

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

16. (a) Informant Mrs J. A. James

(b) Address Hollister, Mo.

17. (a) Burial (b) Date thereof 4/24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goble Knob

18. (a) Signature of funeral director P. A. Dromm

(b) Address Branon, Mo.

19. (a) 4/24/41 (b) John H. Kaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 22 1941 to April 24 1941 that I last saw him alive on April 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 days

Due to Angina Pectoris Dad Knowl

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 12

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? _____

While at work? 774 (Specify type of place)

23. Signature A. T. Evans (M. D. or other) MD

Address Branon, Mo Date signed 4/24/41

RECEIVED

District Health Officer No. 6,

District File Number 541-694

Date Filed MAY 5 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.