

FILED JUL 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21079**

Registration District No. **49**

Primary Registration District No. **5073**

Registrar's No. **15**

1. PLACE OF DEATH:  
(a) County **Bates**  
(b) City or town **Rural** *W. Point*  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **31 years** years, months or days)

3. (a) PRINT FULL NAME **Ora Bell Smith**  
8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Andrew Jackson Smith** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 9 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>10</b>	<b>29</b>	hr. _____ min.

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **George Morin**  
18. Birthplace **Unk** *9*  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unk Whitmore**  
15. Birthplace **Unk** *24*  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address **Amsterdam Mo.**

17. (a) **Burial** (b) Date thereof **6-9-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **West Point Cemetery**

18. (a) Signature of funeral director **Arthur Mangold**  
(b) Address **Amsterdam Missouri**

19. (a) **June 10, 1941** (b) **The Will Kupper**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Bates** *70*  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1/2 mile North Amsterdam**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **8**  
year **1941** hour **6** minute **30 a. M.**  
21. I hereby certify that I attended the deceased from **May 6** 19**41** to **June 8** 19**41**.  
that I last saw **ev** alive on **May 31** 19**41**.  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death **Chronic Myocarditis** *6-7 years*

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **927**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature **Baril O. Hartwell** (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address **Amsterdam, Mo.** (M. D. or other) \_\_\_\_\_  
Date signed **6/8 41**

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1131

Date Filed 7-8-41

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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, ~~my~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lee A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.