DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30944

Registration District No. 3 | Primary Registration District No. 4023 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Golden City Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 ____ In this community 33 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: EPHRAIN SMITH
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Ann Smith
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 15 (Day) 1851 (Year)

8. AGE: Years 90 | Months 3 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Golden City, Barton Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER 12. Name: James Smith
FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rachael Walker
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Opa Harvey
(b) Address: Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Pepperwood Cem. Dade Co. Mo.
18. (a) Signature of funeral director: Ed. Phillips
(b) Address: Golden City, Mo.
19. (a) Sept 8/41 (Date received by registrar) (b) Mrs Margaret F. Joy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 4 day ____ year 1941 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from Jan 11 1941, to Sept 4 1941; that I last saw him alive on Aug 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach — Duration: a few weeks
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): HB
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: J. M. Brooks (M. D. or other)
Address: Golden City Mo Date signed Sept 5-41

(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.

RECEIVED
District Health Office No. 6
District File Number 1941-1539
Date Filed OCT 6 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.