

FILLED NOV 12 1941

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

34301

Do not use this space. 10

1. PLACE OF DEATH

(a) County Boon Registration District No. 79
(b) Township Bombard Primary Registration District No. 5116 Registered No. 20
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Franklin Smith

(a) Residence, No. Boon County 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/3/1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 91 5 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

13. NAME Albert Smith

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME Safa Pleasant

16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY) Walter Smith

17. INFORMANT (ADDRESS) Clark mo 19 Mo 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 10/4/41 19.

19. FUNERAL DIRECTOR (NAME) Paul A. Thompson
(ADDRESS) Madison St

20. FILED 10/4 19 41 Clark
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1941 to Oct 2, 1941

I last saw him alive on Sept 25, 1941. Death is said to have occurred on the date stated above, at 12:00 m.

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

Infirmities of age Date of onset _____

Other contributory causes of importance: 1628

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Clark, M. D.
(Address) Clark

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 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

Fred C. Thompson

Licensed Embalmer No. *1460*

P. O. Address *Madison, 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.