

FILLED OCT 27 1941

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

34867

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 309
 (b) Township _____ Primary Registration District No. 4183 Registered No. 40
 (c) City Albany (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Kelse Smith

(a) Residence, No. Albany Missouri St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtie Coulter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 1 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Albany
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME A. K. Smith
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Charity P. Gilbert
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Utter
 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Grandview DATE 9/13/41

19. FUNERAL DIRECTOR (NAME) W. G. Martin
 (ADDRESS) Albany, Mo.

20. FILED Sept 11, 1941 W. G. Martin
 Local Registrar.

D MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from viewed body after death
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30am.
 The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism Date of onset _____
Chronic myocarditis
 Other contributory causes of importance: 1772

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?
 If so, specify _____
 (Signed) Dr. Jack G. Barnes M.D.
 (Address) Kings City, Mo.
Gentry Co., Mo.

(Licensed Embalmer's Statement on Reverse Side)

COPYED FROM ORIGINAL 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.

1 XT1865

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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford Barber
.....
Licensed Embalmer No. 3329

P. O. Address Albany 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.