

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 875-

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6161

State File No. 39708
Registrar's No. 340

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1123 E. Division (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 3 years

3. (a) PRINT FULL NAME GEORGE WILLIAM SMITH
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Victor New York
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name James J. Squish
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Bliss
15. Birthplace Victor New York
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Shields
(b) Address 1123 E. Division
17. (a) Burial (b) Date thereof Nov 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Massie Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Mo
19. (a) 12-2-41 (b) Allen V. Doye
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL") 102
(d) Street No. 1123 E. Division (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6,
year 1941 hour 11:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 12 1941 to Nov 6 1941
that I last saw him alive on Nov 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma
Duration Several years.

Due to Soux
Due to know
Other conditions none 112
(Include pregnancy within 5 months of death)

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? _____

While at work? No (Specify type of place) (e) Means of injury _____
23. Signature W. D. Love (M. D. or other)
Address Nevada Mo Date signed 11/6/41

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1984

Date Filed 12-8-41

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 Lloyd R. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, fact should be so stated above.