

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.

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

42862
Do not use this space.

DEC 31 1941

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 1037
(b) Township Jackson Primary Registration District No. 612
(c) City Rural or Rural (d) Street No. 1
(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

Agnes T Smith
(a) Residence, No. Rural St. (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 Sussex Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE 27 YEARS MONTHS 10 DAYS If LESS than 1 day, hrs. or min.
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. did no work
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1941
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1941, to Sept 19, 1941.
I last saw him alive on May 24, 1941. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Penis

Date of onset

Other contributory causes of importance: 51d

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

Jackson Tenn
or Delors

FATHER 13. NAME

Arvart Smith

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

Tenn

MOTHER 15. MAIDEN NAME

Went Inman

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

17. INFORMANT (ADDRESS)

Jones Jones
2 Courson me

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith DATE Sept 21, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Freud Wilhelm
Clinton mo

20. FILED

Dec 19 1941 Mrs W. F. Hudson
Local Registrar.

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 none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) C. S. Stallon, M. D.
(Address) Farm City mo

DEC 24 1941

NOV 26 1952

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 with the above constitutes grounds for revocation of license.)

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