

No. 2  
4-13-40  
1-17-39  
PI X23199

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2184

State File No. \_\_\_\_\_

FILED FEB 19 1942

Primary Registration District No. 4172

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett, Mo Lulin  
(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 \_\_\_\_\_ (Specify whether)  
In this community 38 Years (years, months or days)

3. (a) PRINT FULL NAME Guy Maurice Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-102653

4. Sex Male 5. Color or race White 6. (g) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Smith 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 9 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Lulin Tex.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bank Clerk

11. Industry or business \_\_\_\_\_

12. Name Guy Smith

13. Birthplace Tex.  
(City, town, or county) (State or foreign country)

14. Maiden name Alzoo Page

15. Birthplace Jamaica  
(City, town, or county) (State or foreign country)

16. (a) Informant Rush Smith

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof Jan 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Ceme.

18. (a) Signature of funeral director Lentz Undertaking Co.

(b) Address \_\_\_\_\_

19. (a) Jan 7 1942 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1942 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from JAN 2 1942 to JAN 2 1942 that I last saw him alive on Jan 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension and nephritis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1/31P  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature George J. Gilmore (M. D. or other) DO  
Address Kennett 2214 Date signed 1-7-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No. 2  
District File Number 242-253  
Date Filed 2-13-42

MAY 24 1955

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, fact should be so stated above.