S. No. 2
—11-10-39
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 12 1942

Registration District No. 645

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5817

State File No. 3055

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Newton
(b) City or town R7 D#1 Diamond Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 73yr. 2mo. 5 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Diamond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R 7 D#1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME C. J. SMITH
3. (b) If veteran, name war. No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. 24, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	5	hr. ____ min.

9. Birthplace R7 D#1 Diamond Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Jasper N. Smith
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan E. Smith
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Emma Connelly
(b) Address Granby Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director J. A. Bryson
(b) Address Neosho Mo
19. (a) 1-30-42 (Date received local registrar) (b) Harry Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1942 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from Jan 25, 1942, 19__, to Jan 29, 1942
that I last saw him alive on Jan. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Due to Cerebral hemorrhage
Due to Senile arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Fletcher (M.D. or other)
Address Diamond, Mo. Date signed 1/29/42

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1951

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. 2689

P. O. Address Neosho 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.