

FILED APR 6 1942

Registration District No. 671

Primary Registration District No. 4413

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Canaan Point Mo. home
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 39 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Osborn Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 4 - 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 9

If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business none

12. Name Edson Smith

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

14. Maiden name Jeston Osborn

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

16. (a) Informant Mrs Eugene Wright

(b) Address Canaan Point Mo.

17. (a) Burial (b) Date thereof Mar 14 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canaan Point Mo.

18. (a) Signature of funeral director Richard Davis

(b) Address Dearborn Mo.

19. (a) Mar 14 (b) Mrs Clay Sifflee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Canaan Point Mo.
(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 March day 13th
year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 12
1942 to March 13th 1942
that I last saw alive on March 12th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Atherosclerosis 10 yrs

Due to _____

Other conditions Cystitis 9 4 8 3 yrs
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury ✓

23. Signature L. D. Durham (M. D. or dentist) ✓

Address Dearborn Mo Date signed 3-13-42

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

13
0
0

RECEIVED

District Health Officer No. Platte

District File Number 442-34

Date Filed 4-4-42

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 Rebecca Davis

Licensed Embalmer No. 4160

P. O. Address Deaton 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.