

S. No. 2  
M-1-4-41  
v. 5-17-39  
X28390

37210

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION

MISSOURI STATE BOARD OF HEALTH

FILED DEC 12 1942 STANDARD CERTIFICATE OF DEATH

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

Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 81

44  
0  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Alexander Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 5  
year 1942 hour 9 minute 30 AM.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie E. Smith

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: October 4 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Nov 5, 1942  
that I last saw him alive on Nov 4, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 1 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death mitral regurgitation Duration 3 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Nodaway County Missouri  
(City, town, or county) (State or foreign country)

Other conditions Bronchitis 2 weeks  
(Include pregnancy within 5 months of death)

10. Usual occupation Hardware Clerk

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER { 12. Name James H. Smith

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

14. Maiden name Nancy Partridge

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

16. (a) Informant Mrs. Minnie Smith

(b) Address Oregon, Mo.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

18. (a) Signature of funeral director James H. Pellegrini

(b) Address Oregon, Mo.

23. Signature E. F. Mearns (M. D. or other) \_\_\_\_\_

Address Oregon, Mo. Date signed 11-6-42

19. (a) 11-7-42 (Date received local registrar) (b) Pauline Larson (Registrar's signature)

1185 (Licensed Embalmer's Statement on Reverse Side)

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**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.....

*James H. Pittsford*  
3192  
Oregon Mo

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.**