

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14384**

FILED MAY 12 1948 / 132

Registration District No. **132**

Primary Registration District No. **5479**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County **Brunswick**
(b) City or town **Brimley Mo.**
(c) Name of hospital or institution:
Taylor Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Brunswick**
(c) City or town **Brimley Mo.**
(d) Street No. **Taylor Hwy**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JAMES MADISON SMITH**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Margaret Smith** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Dec 25 1867** (Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **16** If less than one day hr. min.

9. Birthplace **Harrison Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business.....

12. Name **William M. Smith**
13. Birthplace **Stat of Kentucky**
14. Maiden name **Mary E. Rowland**
15. Birthplace **Stat of Penn.**

16. (a) Informant **James M. Smith**
(b) Address **Brimley Mo.**

17. (a) **Bural** (b) Date thereof **April 12 1948**
(c) Place: burial or cremation **Union Chapel Cemetery**

18. (a) Signature of funeral director **W. P. Haines**
(b) Address **Hilman City Mo.**

19. (a) **4-14-43** (b) **L. S. Roberts**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **10** year **1943** hour **5:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Apr 1 1943** to **Apr 10 1943** that I last saw him alive on **Apr 9 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **gangrene of foot + leg**
Due to **thrombosis + arterio sclerosis**

Other conditions: (include pregnancy within 3 months of death)
Major findings: Of operations.....
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?.....
(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.....
23. Signature **L. S. Roberts** (M. D. or other) Address **Hilman Mo** Date signed **4/14/48**

Duration **1 mo**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4000

1330

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.....

.....*W.D. Haines*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*W.D. Haines*.....

Licensed Embalmer No. *942*

P. O. Address *Gilman City 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, fact should be so stated above.