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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3136

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 121 South Fuller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 4

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 121 South Fuller
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wm R SMITH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Cordelia Ann Smith

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 6 - 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Goreville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business Reorganized Church

FATHER
12. Name Richard Y. Smith
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bowen
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Cordelia Ann Smith
(b) Address 121 South Fuller

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 - 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 1-30-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1944 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov, 1943 to Jan 28, 1944
that I last saw him alive on Jan 28, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 hrs
Due to arteriosclerosis	10 yrs
Due to	
Other conditions Cancer of liver (Include pregnancy within 3 months of death) Secondary cancer of stomach	1 yr

Major findings:
Of operations
Of autopsy 46 b

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 J C Hickerson (M. D. or other)
Address Independence Mo Date signed Jan 30

1163

(Licensed Embalmer's Statement on Reverse Side)

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Independence, M

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.