S. No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 226

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6208

State File No. 31926

Registrar's No. 35

1. PLACE OF DEATH:

(a) County TEXAS

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2½ YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107

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

(d) Street No. 5 MI. EAST OF YUKON
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL SMITH

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife MARY SMITH

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased SEPT (Month) 16 (Day) 1875 (Year)

8. AGE: Years 69 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JOSEPH SMITH
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name ALICE RICHMOND
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant MARY SMITH
(b) Address YUKON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation BIG CREEK

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON MO

19. (a) Sept. 20-44 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 29 1944 year 11 hour 50 minute P.M.

21. I hereby certify that I attended the deceased from May 1943 to Aug 29 1944 that I last saw him alive on Aug. 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-renal vascular disease

Due to

Due to

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.

13/a

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 0

23. Signature L. M. Dillman (M. D. or other) M.D.
Address Houston, Mo Date signed 8-31-44

12 VU

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1044505
Date Filed 10-9-44

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.