

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27791

State File No.

FILED AUG 18 1945
Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 60

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town Lewistown
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Lewistown
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME George Barton 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, Widowed
6. (b) Name of husband or wife Lutie Lee Spurgeon 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 28, 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Asbury Smith

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

14. Maiden name LUCY FORD

15. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Smith

(b) Address Lewistown, Missouri

17. (a) Burial (b) Date thereof July 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Hill Cem. Lewis Co.

18. (a) Signature of funeral director James L. ...

(b) Address Lewistown, Missouri

19. (a) 7/30/45 (b) P.W. Jennings M.D.
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 6 1945 to July 25 1945
that I last saw him alive on July 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 min.

Due to Cardio-vascular disease 7 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

5 min.

7 mo.

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) (e) Means of injury.....

23. Signature Harry J. Brackner (M. D. or other) D.O.

Address La Belle, Missouri Date signed 7/28/45

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

MOTHER FATHER

987

RECEIVED

Director Health Officer No. 10
District File Number 8-45-1271
Date Filed AUG 15 1945

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 _____

Licensed Embalmer No. 2537

P. O. Address Lewistown 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.