

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20697**

FILED JUL 14 1947  
Registration District No. **32**

Primary Registration District No. **3021**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:  
Wright's Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JACKIE LEE SMITH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased: July 3 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. 35 min.

9. Birthplace: Junction Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name: John Ernest Smith

13. Birthplace: Valley Junction Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name: Core Jane Ellis

15. Birthplace: Junction Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: John E. Smith

(b) Address: Bureau

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof: July 4 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation: Maple Grove

18. (a) Signature of funeral director: Raymond A. Davis

(b) Address: Junction, Mo.

19. (a) 7-347 (b) June Fair  
(Data received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1947 hour \_\_\_\_\_ minute 9:30 P.M.

21. I hereby certify that I attended the deceased from July 21  
1947 to July 3 1947  
that I last saw him alive on July 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity 6 1/2 months pregnancy  
Duration \_\_\_\_\_

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

Due to: Don't know

Other conditions: \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 15-9

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)

(c) Means of injury \_\_\_\_\_

23. Signature: John E. Smith (M.D. or other) \_\_\_\_\_  
Address: Junction, Mo. Date signed: July 4 1947

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

---

**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.....

*Walter E. Meyer*

Registered Apprentice No. *458*

working under my personal supervision.

Signed.....

*Robert A. Davis*

Licensed Embalmer No. *3424*

P. O. Address. *Drenton 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.**