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y. 5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21455**

FILED JUL 7 1947

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
317 W. North  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. no (Specify whether)  
In this community 10 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 317 W. North  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathanic Lee Smith

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hessie Frances Smith 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Aug. 15 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 12 hr. min.

9. Birthplace Johnson Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER, FATHER { 12. Name Wright R. Smith  
13. Birthplace \_\_\_\_\_ Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Sanders  
15. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Smith

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 6-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwater Cem

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) June 29, 1947 (Date received local registrar) Sweeney Phillips (Registrar's signature) 11/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1947 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 11, 1946, to June 27, 1947  
that I last saw h. alive on June 27 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 3 days

Due to Renal Cerebro Vascular disease.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo. Date signed 6-25-47

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *J. Earl Priest*  
Licensed Embalmer No. *3878*  
P. O. Address *Wahrensburg, Pa*

**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.**