. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42105

FILED DEC 30 1947

Registration District No. 1877

Primary Registration District No. 4248

Registrar's No. 261

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town SARCOXIE MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town SARCOXIE 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BARNEY CLINTON SMITH
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife ADDIE SMITH
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec (Month) 20 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	27	hr. min.

9. Birthplace Lawrence Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer, retired
11. Industry or business Farming
FATHER
12. Name George Smith
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Sara LANCKARD
15. Birthplace SENECA (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant LEE SMITH
(b) Address SARCOXIE MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation LEE CEMETERY
18. (a) Signature of funeral director Wilks Bros
(b) Address Pierce city Mo
19. (a) 12-15-1947 (Date received local registrar) (b) L. B. Clinton M.D. by N.F. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 17th
year 1947 hour 8 minute 50 A. M.
21. I hereby certify that I attended the deceased from Aug 25, 1947, to NOV. 17th, 1947
that I last saw him alive on NOV 17th, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac & Respiratory failure	6 wks.
Due to Mitral Stenosis and Regurgitation	
Due to Chronic Glomerular Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

131B

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 2
23. Signature J E Kilbane (M. D. or other) M.D.
Address Sarcoxie MO. Date signed 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-973

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 Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.