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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 20 1948

Registration District No. 189

Primary Registration District No. 4180

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bunklin
(b) City or town Campbell
(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 Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3: (a) PRINT FULL NAME Jesse J. Smith

3. (b) If veteran, name war. none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Smith 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 22 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 20 hr. min.

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

10. Usual occupation Police officer

11. Industry or business City of Campbell

12. Name James I. Smith

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

14. Maiden name Amanda Matthews

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

16. (a) Informant Mrs. Pearl King

(b) Address Campbell, Missouri

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Missouri

19. (a) 10/16/48 (b) Mrs. Pearl Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1948 hour _____ minute 4:15 P.M.

21. I hereby certify that I attended the deceased from Jan. 22nd 1947, to Oct. 8th 1948;
that I last saw him alive on Oct. 8th 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary occlusion Duration 1 mid.

Due to Chronic myocarditis 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____ 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 0

23. Signature Wallace Selsey (M. D. or other) MD

Address Campbell Mo. Date signed 10/16/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 48-1353

Date Filed 10-19-48

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.