

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21556  
Registrar's No. 168

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Raymond Norman Smith 530

3. (b) If veteran, name war None 8. (c) Social Security No. 489-16-0175

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife If alive None years

7. Birth date of deceased Jan. 3, 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 7 4 hr. min.

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

10. Usual occupation C. C. C. Camp

11. Industry or business

12. Name F. O. Smith  
13. Birthplace Jefferson City, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Reulah Wade  
15. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Smith  
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 7/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Smith Cemetery

18. (a) Signature of funeral director John J. Henrichs  
(b) Address Jefferson City, Mo.

19. (a) 7/9/40 (b) M. B. Belford  
(Data received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Elston, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. None years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th  
year 1940 hour 1:45 A minute A M.

21. I hereby certify that I attended the deceased from July 7th  
1940 to July 7th 1940  
that I last saw him alive on July 7th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull

Due to Auto-accident

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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) Accident  
(b) Date of occurrence July 7, 1940  
(c) Where did injury occur Jefferson City, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public place  
While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Heard A. Taylor (M. D. or other) M.D.  
Address Jefferson City Date signed 7-8-40

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

210 m  
95

**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.....

*John F. Hemmick*

Licensed Embalmer No. 3655

P. O. Address.....

*Jefferson 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21557  
Registrar's No. 168

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Calver  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME

Raymond Norman Smith

(b) If veteran, name war

(c) Social Security No.

4. Sex m Color or race w

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 7 4 hr min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull

Due to Auto accident

Due to Collision with  
fixed object, run off highway  
Other conditions with an embankment  
(Include pregnancy within 3 months of death)

Major findings:  
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) accident

(b) Date of occurrence

(c) Where did injury occur? Jefferson City, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place (Highway)

While at work? No (Specify type of place) (e) Means of injury

23. Signature Leon A. Taylor (Date received local registrar) (Registrar's signature)

Address Jefferson City Date signed 7/8

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

SUPPLEMENTARY

