

P. S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

36954

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEC 10 1942

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 600 Myrtle 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 yrs. (Specify whether  
In this community 31 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City (If outside city or town limits, write "RURAL")  
(d) Street No. 600 Myrtle (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James C. Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9  
year 1942 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Nov 9 1942 to Nov 9 1942  
that I last saw him/her alive on Nov 9 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W/h 6. (a) Single, widowed, married, divorced or Widow  
(b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased June 26 1890 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration

8. AGE: Years 62 Months 4 Days 12 If less than one day hr. min.

Due to arterial Hypertension  
Due to arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 83a

10. Usual occupation Labourer

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN 83a  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harman Smith

(b) Address Jefferson City

17. (a) Burial (b) Date thereof Nov. 10-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Schilders, California

18. (a) Signature of funeral director Harman Smith

(b) Address 700 Jefferson

19. (a) 11-5-42 (b) Norma Richter (Date received local registrar) (Registrar's signature)

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 J. B. Bruce (M. D. or other) JMR

Address Jefferson City Date signed 11/10/42

897 (Licensed Embalmer's Statement on Reverse Side)

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

26  
5-6  
4

40

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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. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Juno*

**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.**