

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42247**
Registrar's No. **75**

FILED JAN 5 1946

Registration District No. **297**

Primary Registration District No. **6022**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond *rural Richmond*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Six Miles North East / *NY*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community most of life
years, months or days

3. (a) PRINT FULL NAME James Leslie Smith

3. (b) If veteran, name war _____

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 Grace Smith

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 25 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Walker Smith

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

14. Maiden name Elizabeth Hudgen

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

16. (a) Informant G. L. Smith
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Dec. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director E. E. Thurman

(b) Address Richmond, Mo.

19. (a) Dec 15 45 (b) male jackson
(Date received local registrar) (Item for signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. Six Miles North East
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 14
year 1945 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10 to Dec 14, 1945,
that I last saw him alive on Dec 14, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 830

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 G. L. Smith (M. D. or other) _____
Address Richmond, Mo. Date Dec 17 45

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, ###

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2073

P. O. Address Richmond. 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.