

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11215

FILED APR 5 1943  
Registration District No. 2437

Primary Registration District No. 6022

Registrar's No. 26

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

1. PLACE OF DEATH: Ray

(a) County: Richmond Mo.

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

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None  
In this community: All His Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Joseph M. Smithey

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or Race: White

6. (a) Single, widowed, married, divorced, widow: 2 divorced, Widow

6. (b) Name of husband or wife: Nettie B. Smithey Deceased

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

7. Birth date of deceased: April 11th 1863.  
(Month) (Day) (Year)

8. AGE: Years 79, Months 11, Days 13  
If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Granville Smithey

MOTHER FATHER { 12. Name: Ken.

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

14. Maiden name: Susian Eaton

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

16. (a) Informant: Howard Smithey

(b) Address: Richmond Mo. 3-26-93

17. (a) (b) Date thereof: 3-26-93  
(Month) (Day) (Year)

(c) Place: burial or cremation: Cravens Cemetary

18. (a) Signature of funeral director: [Signature]

(b) Address: Richmond Mo.

19. (a) 3/25 1943 (b) Mrs. Chas W Shippard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State: Mo. (b) County: Ray

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

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

(e) Citizen of foreign country? No (Yes or No)  
U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAR day: 25  
year: 1943 hour: 1 minute: 2 M.

21. I hereby certify that I attended the deceased from [Signature] 1943 to [Signature] 1943  
that I last saw him alive on [Signature] 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: [Signature]  
Family did not believe he was much sick. He died suddenly at 1 P.M.

Due to: [Signature]

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

Major findings: Of operations: [Signature]

Of autopsy: [Signature]

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: [Signature] (M. D. or other)

Address: [Signature] Date signed: [Signature]

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4-3-43

APR 5 1943

**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.....

**J.B. Brothers Funeral Home**

Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home**

Signed.....



Licensed Embalmer No. **2001.**

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11215  
Registrar's No. 26

Registration District No. 297 Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Joseph M. Smithey  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased April 11  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 1 (If less than one day, in min.)

9. Birthplace Mo  
(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) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (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) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 24 1943  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death Supposed Coronary heart Duration \_\_\_\_\_

I saw him last April 23-1942, had no DR and NO autopsy after death, but had the fine so family report, died suddenly, so I can not say from what cause, but likely from the old heart.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 L.P. Greene (M. D. or other) \_\_\_\_\_  
Address Richmond Mo Date signed 5-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

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