

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1945
1933

Registration District No.

Primary Registration District No. 3027

Registrar's No. 15

1. PLACE OF DEATH

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Mrs. Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James Stephen Smith
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1945 hour 11 minute 50 P. M.

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

4. Sex male race White
5. Color or 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 4 1945
(Month) (Day) (Year)

Immediate cause of death
Pneumococci Meningitis 1 day

8. AGE: Years Months Days If less than one day
23 hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Bethany Mo
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business
12. Name James Bert Smith
13. Birthplace Harrison County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Reva Stephens
15. Birthplace Harrison County Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Reva Stephens
(b) Address Bethany Mo
17. (a) Burial (b) Date thereof Jan 29 1945
(Burial, cremation, reinterment) (Month) (Day) (Year)
(c) Place: burial or cremation Mission Cemetery
18. (a) Signature of funeral director Joe E. Wheeler
(b) Address Bethany Mo
19. (a) Feb 2-1945 (b) Zola M. Burris
(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 R. R. Liddon M. D. or other MD
Address Bethany, Mo Date signed 2-1-45

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

MOTHER FATHER

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 ^{not}.....

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

Signed Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.