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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38870

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 84

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 51 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Doniphan
(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.

3. (a) PRINT FULL NAME Franklin E. Smelser 542

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Vergie M. Smelser

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

7. Birth date of deceased Jan. 5, 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Army Field Service

11. Industry or business -

MOTHER 12. Name Unknown

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

FATHER 14. Maiden name Unknown

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

16. (a) Informant's own signature M. Schilling

(b) Address Cl.Clerk,Vet.Adm.Fac.Jeff.Bks.,Mo.

17. (a) BURIAL + REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 14-40 (Month) (Day) (Year)

(c) Place: burial or cremation DONIPHAN, MO

18. (a) Signature of funeral director C. Hoffmeister Und. & Liv

(b) Address Co. St. Louis, Mo.

19. (a) JAN 12 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 12, day year 1940 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 22, 1939 to Jan. 12, 1940, 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease, with myocardiac enlarge-	
~~Due to~~ ment, myocardial damage, auricular fibrillation and myocardial insuf-	
~~Due to~~ ficiency.	unkn
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death) with secondary gangrene, left heel.	~~unkn~~

Major findings:
Of operations none.
Of autopsy No autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically

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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? (Specify type of place)

While at work Cause of injury

23. Signature C.W.Hughes, M.D., (M.D. or other)
Ch. Med. Officer, Vet. Adm. Fac.,
Address Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.