

FILED MAY 8 1940

U. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15761

State File No. _____
Registrar's No. 153

Registration District No. 668 Primary Registration District No. 3032

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Osedale
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 yrs years, months or days

3. (a) PRINT FULL NAME Wm H. Smith 530
8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased JUNE 7 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation the land farmer

11. Industry or business Trailer 9

12. Name Not known 9

13. Birthplace Not known (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant R. C. Carter

(b) Address Shurt Lane Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-23-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Shurt Lane Mo

18. (a) Signature of funeral director R. C. Carter

(b) Address Shurt Lane Mo

19. (a) 4-23-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Osedale (If outside city or town limits, write "RURAL")
(d) Street No. 301 - E 5th St (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Apr 23, 1940 that I last saw him alive on Apr 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure
Due to hypertension
myocarditis
Due to influenza

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? 906 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. M. Rodeman (M. D. or other) _____
Address Osedale Mo Date signed 4-23-40

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

8044

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.