DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44125

Registration District No. 1643 Primary Registration District No. 6141 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Texas
(b) ~~City or town~~ Rural Ozark
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles S.W. Eunice
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Franklin Smith
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sis Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 1 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	4	hr. min.

9. Birthplace Texas Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Thomas Smith (Father)
13. Birthplace (City, town, or county) Georgia (State or foreign country)
14. Maiden name Louise Manley (Mother)
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Beulah Harmon
(b) Address Eunice Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.
19. (a) 11/8 (Date received local registrar) (b) Mrs. G. M. Willhite (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1940 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 15, 1940, to NOV. 5, 1940 that I last saw him alive on OCT. 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
SUBACUTE BACTERIAL ENDOCARDITIS.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature L. M. Dillman (M. D. or other) M.D.
Address Houston Date signed 11-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1240120 1
Date Filed

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 Frank E. Wood,

Licensed Embalmer No. 4026

P. O. Address: Houston, Mo

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

If this body is not embalmed, fact should be so stated above.