5-17-39
P I X21492

12
7
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1920 +

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution Poplar Bluff Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Winona 101 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Ernest Smith

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

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Jan (Month) 18 (Day), 1897 (Year)

8. AGE: 43 Years | Months 11 | Days 23 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Grocer

FATHER
12. Name Oberton Smith
13. Birthplace (City, town, or county) Mo D (State or foreign country)

MOTHER
14. Maiden name Maddie Hurst
15. Birthplace (City, town, or county) Mo. D (State or foreign country)

16. (a) Informant Mrs. Smith

(b) Address Winona

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Winona Cem.

18. (a) Signature of funeral director Gray-Leuckel

(b) Address Van Buren

19. (a) 1/12/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day ~~3~~ 4th year 1941 hour 4 40 minute a M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 5, 1941; that I last saw him alive on Jan 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hemathorax caused from perforation of lung from

Due to fractured ribs

Due to accidental injury from automobile wreck

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) accident 101

(b) Date of occurrence Jan 12th 1941 0

(c) Where did injury occur? near Winona Mo (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm Heuschen (M. D. or other) MD

Address Poplar Bluff Mo Date signed 1-10-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1940

170e
98

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Van Buren

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.

o. 2B
-2-21-40
-1 X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1920

Registration District No. 89 Primary Registration District No. 3007 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (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 (b) County

(c) City or town (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 Earnest Smith

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 m

6. (b) Name of husband or wife

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

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

8. AGE: Years 43 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1941 hour minute 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.

Immediate cause of death Hemathorax caused by perforation of lungs from fractured ribs accidentally ~~auto~~ Injury from auto wreck

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

170 C 6
22

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) Accident

(b) Date of occurrence 1-1-1941

(c) Where did injury occur? Highway 60 - Near Wiona Mo - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State maintained highway - (Specify type of place)

While at work? yes (e) Means of injury side swiped by truck

23. Signature J. M. Hurrickson (M. D. or other)

Address Poplar Bluff - Mo Date signed 4-1-41