

STANDARD CERTIFICATE OF DEATH

State File No. 2467

FEB 14 1941

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Malden

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 35

(c) City or town Malden Mo

(If outside city or town limits, write "RURAL")

(d) Street No. 8

(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3

year 1941 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 14

_____ 1940 to Jan 3 1941;

that I last saw him alive on 1-13-1941, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Disease Duration 2 yrs

3. (a) PRINT FULL NAME William E Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: May 25 1880

(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 9

If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel proprietor

11. Industry or business Hotel

12. Name Wm A Smith

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

14. Maiden name Mary Kuskey

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

16. (a) Informant Minnie Mill Luter

(b) Address Harriet Mo

17. (a) Buried (b) Date thereof 1 5 41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director Franklin Mo

(b) Address Franklin Mo

19. (a) 1-3-1941 (b) L. E. Mitchell

(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature L. E. Mitchell (M. D. or other) Mo.

Address Malden Mo Date signed 1/3/41

RECEIVED

District Health Officer No. 2

District File Number 241-159

Date Filed 2/6/44

FEB 17 1948

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, fact should be so stated above.