

No. 2  
1-13-40  
-17-39  
I X23159

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4500

State File No. \_\_\_\_\_

Registration District No. 817

Primary Registration District No. 4493

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: Scott  
 (a) County Scott  
 (b) City or town Commerce  
(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)

3. (a) PRINT FULL NAME Herbert L. Smith  
 3. (b) If veteran. ✓ name war \_\_\_\_\_  
 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 26 years 1872  
 7. Birth date of deceased May (Month) 26 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business Mercantile

12. Name Leaswell L. Smith

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

14. Maiden name Martha A. Worsley

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

16. (a) Informant Ward Smith

(b) Address Commerce Mo.

17. (a) Burial (b) Date thereof Jan 19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cem.

18. (a) Signature of funeral director Walthus Und. Co.

(b) Address Leape Girardeau Mo.

19. (a) Jan 18 1941 (b) Mrs Addie Field  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Scott  
 (c) City or town Commerce  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16  
 year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Jan 16, 1941  
 that I last saw him alive on Jan 16, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Phonetic myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 437A  
(Include pregnancy within 3 months of death)

Duration

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? 0121  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature P. J. Davis (M. D. or other) M.D.  
 Address St. Louis, Mo. Date signed 1-18-41

RECEIVED

District Health Officer No. 2

District File Number 241-148

Date Filed 2/5/44

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**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. H. Ruster

Licensed Embalmer No. 3980

P. O. Address Cape Charles, Va.

**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.**