

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7884**

MAR 19 1941 710

Registration District No. _____

Primary Registration District No. **5939**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Polk
(b) City or town Balivon
(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)
In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Polk
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1940 hour 30 minute 15 a.m.
21. I hereby certify that I attended the deceased from July 10 1940, to Aug 11 1940 that I last saw him alive on Aug 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Arterio Sclerotic Heart Disease

Duration
6 mo
2 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? _____
While at work? _____ (Specify type of place) _____ (Specify means of injury)

23. Signature _____ (M. D. or other)
Address Springfield, Mo Date signed 2-1-41

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

3. (a) PRINT FULL NAME

Edgar S. Smith

8. (b) If veteran, name war no

8. (c) Social Security No. no

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Sorenzo H. Smith

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

14. Maiden name unknown

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

16. (a) Informant Elmer Smith

(b) Address Pleasant Hope, Mo

17. (a) _____ (b) Date thereof Aug 13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brighton

18. (a) Signature of funeral director White - Crum

(b) Address Balivon, Mo

19. (a) Feb 20-41 (b) Estelle Benton
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-479
Date Filed 3-7-41

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 Harold P. Ewin

Licensed Embalmer No. 3093

P. O. Address Balivore, Mo.

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.