DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6043 / 8316 ~~1791~~

State File No.

MAR 19 1941

Registration District No. 799

Primary Registration District No. 603/33

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Saline Clay

(b) City or town Slater Mo. R.F.D. 4 (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 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miami (b) County Saline

(c) City or town Miami, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 1 Clay (Rural, give location)

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

3. (a) PRINT FULL NAME DERWOOD MYRL SMITH

3. (b) If veteran, name war X

3. (c) Social Security No. 487 01-6395

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 15 (Day) 1921 (Year)

8. AGE: Years 19 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business " "

FATHER
12. Name WARREN K. SMITH
13. Birthplace FAYETTE MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADA V. TODD
15. Birthplace GLASGOW MO (City, town, or county) (State or foreign country)

16. (a) Informant Ada Smith

(b) Address Miami Mo

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Feb 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation GLASGOW, Mo

18. (a) Signature of funeral director J. Leslie Surrey

(b) Address Marshall Mo.

19. (a) Feb 4 (Date received local registrar) (b) W M Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1941 hour About minute 4 a.m.

21. I hereby certify that I attended the deceased from Feb. 1941, to ..., 19...; that I last saw h— alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carbon Monoxide gas poisoning	
Due to Evidently went to sleep	
Due to while car was running	
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)~~ Accident

(b) Date of occurrence Feb 3rd 1941 077

(c) Where did injury occur On Highway S of Slater (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 Saline Co.

23. Signature C. L. Lawless Coroner (M. D. ~~or other~~)

Address Marshall Mo. Date signed 2-3-41

(Licensed Embalmer's Statement on Reverse Side)

178-
40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-41

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 J. Leslie Dussing

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

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

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

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8316

Registration District No. 799 Primary Registration District No. 6043 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Saline

(b) ~~City or town~~ Clay T.P. (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 years, months or days)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Derwood Myrl 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 S

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 19 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 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 Carbon Monoxide gas poisoning

Due to Evidently went to sleep while Car was running

Due to Car stuck in mud hole. got in Car to keep warm. closed car tighthg & started

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations engine for heat

Of autopsy Car was not in motion

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) acc

(b) Date of occurrence Feb 3 1941

(c) Where did injury occur? on Hgw South of Slater Mo (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 Saline Co.

23. Signature C. L. Law Ass Coroner (M. D. or other)

Address Marshall Mo Date signed 5-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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