FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15535

Registration District No. 686 Primary Registration District No. 5914 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Rural-Indian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 39 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural - R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. Indian - Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Courtney E. Smith
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Harriot B. Smith
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October (Month) 5 (Day) - 1870 (Year)

8. AGE: Years 70 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Cedar Falls (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Albon Smith
13. Birthplace D. K (City, town, or county) Indiana 1 (State or foreign country)
MOTHER
14. Maiden name Eunice Wheeler
15. Birthplace D. K (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant's own signature Harriot B. Smith
(b) Address Bowling Green R.F.D
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-31-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Siloam Church Cemetery
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green Mo
19. (a) April 6 1941 (Date received local registrar) (b) Gene E Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to 3-29 , 1941 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Cervicle and crushed chest caused
Due to by run away team and load of hay
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy No

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
(b) Date of occurrence 3-29- 1941
(c) Where did injury occur? 3-29-1941 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)
While at work? yes (e) Means of injury Farm

23. Signature W. W. Wilcox (M.D. or other)
Address Bowling Green Mo Date signed 3-29-41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 5-41-876
Date Filed MAY - 8 1941

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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.