. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15422

Registration District No. 773 Primary Registration District No. 4464 Registrar's No. 46

94
4
1

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

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Farmington Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 94
(c) City or town /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ALEXANDER SMITH

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virginia Smith
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 6 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 27 If less than one day hr. min.

9. Birthplace St. Genieve Co (City, town, or county) 0 U.S. (State or foreign country)
10. Usual occupation Farmer & Grocery
11. Industry or business
FATHER
12. Name Morgan T. Smith
13. Birthplace Indiana (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Louise DeGrant
15. Birthplace not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Virginia Smith.
(b) Address Farmington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Richardson Funeral Home
(b) Address Farmington Mo.
19. (a) 4-6-42 (Date received local registrar) (b) Byrdie S. Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1942 hour 8 minute 20 M.
21. I hereby certify that I attended the deceased from June 15, 1942 to April 5, 1942 that I last saw him alive on April 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration 4 days
Due to Diabetes Mellitus & Chronic Prostatic Hypertrophy
Due to Pelvic & Pyelo nephrosis to Cystitis — 1 1/2 yrs.
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) —
(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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature D. L. Walters (M. D. or other)
Address Date signed 4-6-42

1194 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 542-582
Date Filed 5-13-42

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~~ and by Sam Najim, Jr. ~~Chas. Richardson~~, Registered Apprentice No. ~~3767~~ 312 working under my personal supervision.

Signed Chas. Richardson

Licensed Embalmer No. 3767

P. O. Address Farmington 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, fact should be so stated above.