V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17336

State File No.

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Mo. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20 1
(c) City or town Eldorado Springs Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or ~~No~~) 1
If yes, name country

3. (a) PRINT FULL NAME William Harvey Smith
3. (b) If veteran, name war
3. (c) Social Security No. 487-28-7494
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Louise Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 13 (Day) 1878 (Year)

8. AGE: Years 63 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Frank Smith
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Robinson
15. Birthplace Cole Camp Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs W. H. Smith
(b) Address Eldorado Springs Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Culver
(b) Address Butler Mo.
19. (a) May 6 1942 (Date received local registrar) (b) Mrs C. E. Culver Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5
year 1942 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from April 25, 1942 to May 5, 1942
that I last saw him alive on May 5 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Coronary Sclerosis
Due to 4 mo ago
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
Of autopsy

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)
(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 A. Gillespie Dudge (M. D. or other)
Address Butler Date signed 5-6-42

53 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-42-631
Date Filed 6-10-42

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 by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler 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.