

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29797

FILED SEP 21 1942

Registration District No. 3.0

Primary Registration District No. 3006-5120

Registrar's No. 170

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

1. PLACE OF DEATH:

(a) County. BOONE

(b) City or town. COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ELLIS FISCHER STATE CANCER HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 94 DAYS
(Specify whether)

In this community. _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. HENRY 42

(c) City or town. WINDSOR 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME RALPH E. SMITH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14
year _____ hour 2 minute 30 P.M.

4. Sex MALE 5. Color or race WHITE

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

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)

21. I hereby certify that I attended the deceased from MAY 12, 1942 to AUGUST 14, 1942; that I last saw him alive on AUGUST 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Basal Meningitis Duration 7 days

8. AGE: Years Months Days If less than one day

56 7 3 _____ hr. _____ min.

Due to Extension of cancer from face + eye.

Due to Basal cell carcinoma left side of face. 10 yrs

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation COAL MINER

Major findings: Of operations 53

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM W. SMITH

{ 13. Birthplace _____ MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name LOUETTA GUHR

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

16. (a) Informant PT. (RALPH E. SMITH)

(b) Address _____

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? _____

17. (a) Burial (b) Date thereof 8-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turley Funeral
(b) Address Windsor, Missouri

(Specify type of place) _____ (c) Means of injury _____

19. (a) 8-15-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

23. Signature A. M. Wiley (M. D. _____)
Address Columbia, Mo. Date signed 8-14-42

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.....

Edwell Kriston

Licensed Embalmer No. 3391

P. O. Address Clinton 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.