V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34702

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 134

94 0 0

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Near Farmington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 11 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 901 So. Benton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Theodore Smith
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary C. Smith
6. (c) Age of husband or wife if alive Age Un years
7. Birth date of deceased April (Month) 7 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	6	14	hr. min.

9. Birthplace Ste Genevieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Contractor (Building)
11. Industry or business
FATHER 12. Name Marcus Smith
FATHER 13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Mary Ann Roth
MOTHER 15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Records of State Hospital #4
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo.
18. (a) Signature of funeral director Walther Undertaking Co.
(b) Address Cape Girardeau, Mo.
19. (a) Oct. 27, 1942 (Date received local registrar) (b) Byndie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21 year 1942 hour 1 minute 55 a.m.
21. I hereby certify that I attended the deceased from 10-14, 1942, to 10-21, 1942 that I last saw him alive on 10-20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 24 hrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Hypertension with psychosis
Major findings:
Of operations None
Of autopsy None

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
23. Signature Maurice J. Stock M.D. (M. D. or other)
Address Farmington, Mo. Date signed Oct 26, 1942

114 V

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1142-1306

Date Filed 11-5-42

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 J. W. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Gir 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.