

No. 2
-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41629

State File No.

FILED JAN 15 1943
Registration District No. 21378

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 89

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 516 Maryland St 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country..... no

3. (a) PRINT FULL NAME Robt McDaniel Smith

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from 1941
19..... to 12-23, 19.....

that I last saw him alive on 12-23, 19.....
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of race White

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

(b) Name of husband or wife Emma Knight

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan 15 1849
(Month) (Day) (Year)

Immediate cause of death, Chronic Osteomyelitis

Due to..... 938

Due to..... 938

Other conditions Chronic Myeloid
(Include pregnancy within 3 months of death)

8. AGE: Years 93 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Lynchburg Va
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Carpenter

11. Industry or business Rail Road

12. Name R. Smith

13. Birthplace Lane Va
(City, town, or county) (State or foreign country)

14. Maiden name Sara Byrne Thurman

15. Birthplace Mo Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucy Vermillion

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetary

18. (a) Signature of funeral director P. H. Kelly

(b) Address Louisiana Mo

19. (a) 12-24-42 (b) P. H. Kelly
(Date received local registrar) (Registrator's Signature)

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 no

(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?..... (c) Means of injury.....

23. Signature P. H. Kelly (M. D. Registrar)
Address Louisiana Mo Date signed 12/24/42

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-43-113

Date Filed Jan-13-1943

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.....

.....
working under my personal supervision.

George O. Wagner, Registered Apprentice No.....

Signed.....

George O. Wagner
Licensed Embalmer No. 3473

P. O. Address Louisiana, 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.