S. No. 2
1—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1908

Registration District No. 61

Primary Registration District No. 5237

Registrar's No. 46

1. PLACE OF DEATH:

(a) County CEDAR

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

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

(d) Length of stay: In hospital or institution —
In this community 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20

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

(d) Street No. Cedar TOWNSHIP 0
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME GEORGE W SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife Ellen Smith

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct (Month) 19 (Day) 1865 (Year)

8. AGE: Years 76 Months 1 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name William Smith
13. Birthplace ___ (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Sarah E Williams
15. Birthplace ___ (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Elza Casey

(b) Address El Dorado Springs Mo R5

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Dell (Cem)

18. (a) Signature of funeral director GWINN-SIDERS

(b) Address EL DORADO SPRINGS. Mo.

19. (a) 12-17-42 (Date received local registrar) (b) [signature] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14" year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to ___

Due to ___

Other conditions (Include pregnancy within 3 months of death) 830

Major findings:
Of operations ___
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 ___

23. Signature G B Siders 3 Coroner (M. D. or other)

Address El Dorado Springs Mo Date signed 12/14/42

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 42-42-1426
Date Filed 1-13-43

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 [signature]

Licensed Embalmer No. 2034

P. O. Address Edgerton Kings 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.