

No. 2  
1-4-41  
-17-  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2291

FILED FEB 3 1943 128  
Registration District No. 218

Primary Registration District No. 7000

Registrar's No. 47

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Janey  
(c) City or town Protem "Rural"  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Dawson Smith  
(b) If veteran, name war Unknown (c) Social Security No. None

20. DATE OF DEATH: Month Jan day 15  
year 1943 hour 11 minute 30 am

4. Sex M 5. Color or race whit 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Collie Smith 6. (c) Age of husband or wife if alive 68 or 69 years  
7. Birth date of deceased Mch 29 1877

21. I hereby certify that I attended the deceased from Jan 13 1943 to Jan 15 1943  
that I last saw him alive on Jan 15 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Intestinal obstruction Duration 5 days

9. Birthplace Janey Co Mo

Due to Valvulus of sigmoid Duration 5 days

10. Usual occupation Farmer

Due to Exhaustion Duration ✓

11. Industry or business Own farm

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

12. Name Montgomery Smith  
13. Birthplace Unknown Illinois

Major findings: Of operations No operation

14. Maiden name Ellen Jane Curry  
15. Birthplace Unknown Ill. or Ia

Of autopsy none

16. (a) Informant Glendon Lionion Smith  
(b) Address Protem Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-19-43  
(c) Place: burial or cremation Protem, Mo

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director O. B. Mc Clure  
(b) Address Springfield Mo

(e) Means of injury \_\_\_\_\_

19. (a) 1-15-43 (b) Dr W. E. Handley

23. Signature Robert Glyn (M. D. or other) M.D.  
Address Springfield Date signed 1/15/43

984 (Licensed Embalmer's Statement on Reverse Side)

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

29  
62  
6

MOTHER FATHER

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

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

2 X