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

6817

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 23 1943

Registration District No. ~~[illegible]~~ 176 Primary Registration District No. ~~5633~~ 5655 Registrar's No. ~~5~~ 7

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 148 days (Specify whether In this community 148 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

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

(d) Street No. R. F. D. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME William Henry Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 17 (Day), 1922 (Year)

8. AGE: Years 20 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Major Smith
13. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sertie Dorsey
15. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Michael Record Clk

(b) Address Mo State San

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 8 (Day) 43 (Year)

(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director Harry Carroll

(b) Address Clarksville Mo

19. (a) 1-7-43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour 5:53 minute a M.

21. I hereby certify that I attended the deceased from Aug 12, 1942, to Jan 6, 1943 that I last saw him alive on Jan 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis - abt 6 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13 b'

Major findings:
Of operations

Of autopsy Same

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 0

23. Signature [signature] (M. D. or other)

Address Mt Vernon Mo Date signed 1-6-43

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 243-263
Date Filed FEB 19 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 was not embalmed, Registered Apprentice No. working under my personal supervision.

Signed Harry C Barrows
Licensed Embalmer No. 2439
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.