

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9760

FILED MAR 31 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
616 North C St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
25 years years, months or days) (Specify whether

In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 616 N. C. St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME 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 Mattie Smith 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 3 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saginaw Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Smith

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

14. Maiden name Unknown

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

16. (a) Informant 616 No. C. St. Poplar Bluff

(b) Address Burial

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Mar. 4, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Butler County Farm

18. (a) Signature of funeral director Greer Croy Funeral Service

(b) Address 442 Vine St. Poplar Bluff, Mo.

19. (a) 3-5-43 (Date received local registrar) (b) Catherine Hendrix (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day fourth year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 3 1943 to Mar 9 1943  
that I last saw him alive on Mar 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage Duration 17 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

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

23. Signature Alfred R. Croy (M. D. or other) Address Poplar Bluff, Mo. Date signed 3/4/43

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

3028

12  
7  
3

0

MOTHER FATHER

902

RECEIVED

District Health Office No. 2

District File Number 243-408

Date Filed 8-20-48

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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.....

..... Not embalmed ....., 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.