V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

Registration District No. 255

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5877

State File No. 11011

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Piney Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Smith

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased -- (Month) -- (Day) 1883 (Year)

8. AGE: Years 60 Months -- Days -- If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Levi Barton
(b) Address County Farm, Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Spring Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 4/1 1943 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1943 hour 6 minute 30 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.

	Duration
Immediate cause of death: Acute Dilatation of Heart	
Due to Myocardial Degeneration	
Due to Hypertension + Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95c 4	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo Carr (M.D. or other)
Address 3 Coroner Hilton Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.