

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18720

LED JUN 11 1943

Registration District No. 277

Primary Registration District No. 4412-5951

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural Indian Camp
(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) 1
(d) Length of stay: In hospital or institution _____ Specify whether
In this community Six months (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam 82
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Three miles S. E. Fayette
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ERNEST EDWARD 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 Single

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

7. Birth date of deceased Sept 13 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 23 hr. min.

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

10. Usual occupation Iron

11. Industry or business Iron

12. Name George R. Smith

13. Birthplace Mt. Vernon Mo
(City, town, or county) (State or foreign country)

14. Maiden name Julia Bentley

15. Birthplace Celaway Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Smith
(b) Address Middle town Mo

17. (a) Burial (b) Date thereof May 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruddy Cemetery

18. (a) Signature of funeral director W. R. Jones
(b) Address Wellsville Mo

19. (a) May 11 43 (b) Mrs. Frank Bond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 1 minute 30 P.M.

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

Immediate cause of death Congenital Hydrocephalus since birth

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1510

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 W. R. Jones (M, D or other) DO
Address Middle town, Mo Date signed May 7

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

114

RECEIVED

District Health Officer No. 10

District File Number 6-43-1068

Date Filed JUN 10 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.....

Body was not embalmed Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3059

P. O. Address Wellsville N

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 18

Registration District No. 6277 Primary Registration District No. 447215951

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural Indian town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South E. of Jazette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

3. (a) PRINT FULL NAME Ernest Edward Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Sept 18 (Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days _____ (If less than one day) min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) (Mrs. Mark Gordon) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 23 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw the body on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-18720