

29022

S. No. 2  
OM-2-43  
5-17-39  
I X39597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED SEP 7 1943 74  
Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 263

Primary Registration District No. 3052

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

1064

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 79 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1003 West Third Street  
(If rural, give location)

(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLIS. R. SMITH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or Grace white

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

6. (b) Name of husband or wife Elizabeth Jane

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

7. Birth date of deceased 7 16 1854  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	1		hr. min.

9. Birthplace Logansport Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer

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

MOTHER FATHER { 12. Name John Z. Smith

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

14. Maiden name Sarah E. Rhinehardt

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

16. (a) Informant Mrs J. H. Perdue

(b) Address Sedalia, Missouri

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

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia, Missouri

19. (a) 8/16/43 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th.  
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 2 1943, to Aug 15 1943  
that I last saw him alive on Aug 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration \_\_\_\_\_

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

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

Other conditions Intestinal infarction acute  
(Include pregnancy within 3 months of death)

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

Of autopsy 922

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 Mrs. A. Berger (M. D. or other) \_\_\_\_\_  
Address Sedalia, Mo. Date signed 8-16-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-3-43

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Selalia

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.