

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34325

State File No. _____

FILED NOV 9 1943

Registrar's No. 1107

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
State Hospital No. 2, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 5 days
(Specify whether years, months or days)

In this community 10 months 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME LE ROY SMITH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1943 hour _____ minute _____ A.M.

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: 11 - 12 - 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-20-43, 1943, to 10-10-, 1943 that I last saw him alive on 10-10-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Meningo-encephalitis
Septicemic

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

38 11 _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration 19 1/2 years

9. Birthplace: Laurietta Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Common Labor

MOTHER FATHER { 12. Name Thomas Smith

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

14. Maiden name Anderson

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

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 _____

16. (a) Informant Mrs. Wylee McKeirick

(b) Address Laurietta, Missouri

17. (a) Removed (Burial, cremation, or removal)

(b) Date thereof Oct 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond MO

18. (a) Signature of funeral director W. J. Hurman

(b) Address Richmond, Mo

19. (a) 10-12-43 (Date received local registrar)

(b) W. J. Hurman (Registrar's signature)

23. Signature A. B. T. Freeman (M.D. or other)

Address State Hospital No. 2 Date signed 10-22-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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

11
1
7

11
1
7

30 f

PHYSICIAN
Underline the cause to which death should be charged statistically.

W. J. Hurman

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 *E. M. ...*

Licensed Embalmer No. *9073*

P. O. Address *Richmond, Mo.*

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.