

37055

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 22

FILED DEC 8 1943

Registration District No. 347

Primary Registration District No. 5208

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

1. PLACE OF DEATH:

(a) County Cayroll

(b) City or town Rural Hunicoin township
(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)

(d) Length of stay: In hospital or institution _____
In this community 35 yrs (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cayroll

(c) City or town Rural Hunicoin township
(If outside city or town limits, write "RURAL") 617

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

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

3. (a) PRINT FULL NAME Samuel Lewis Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. 400378

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 19 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Scottsbluff Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER

11. Industry or business _____

12. Name Elijah Smith

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

14. Maiden name Mary Jane

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

16. (a) Informant Alvin Smith

(b) Address H.C. Mo.

17. (a) Alb. Penney (b) Date thereof Nov 12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alb. Penney

18. (a) Signature of funeral director Alvin S. Slater

(b) Address State Mo.

19. (a) Nov 12 1943 (b) Mrs Edna Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1943 hour 1 minute 30 P.M.

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

Immediate cause of death Starvation

Duration 5 yrs

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 _____

Where did injury occur? _____
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? (c) Means of injury _____

23. Signature Dr. Alvin A. Wells (M, D, or other) D.O.
Address Hale Mo Date signed 11-11-43

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 Shou E. Slater
Licensed Embalmer No. 937
P. O. Address Hal 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.