

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38325**
Registrar's No. **222**

Registration District No. **137** Primary Registration District No. **3023**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton**
(c) Name of hospital or institution: **Community Clinic**
(d) Length of stay: In hospital or institution **3 days**
In this community **65 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St Clair**
(c) City or town **Appleton City Mo**
(d) Street No.
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

3. (a) PRINT FULL NAME **FRANCIS SMITH**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Charles Smith** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Aug 14 1878**

8. AGE: Years **65** Months **3** Days **11** If less than one day hr. min.

9. Birthplace **Appleton City Mo**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Abner A Hardy**

13. Birthplace **Mo**

14. Maiden name **Mary F. Baldwin**

15. Birthplace **Mo**

16. (a) Informant **Charles Smith**

(b) Address **Appleton City Mo**

17. (a) **Burial** (b) Date thereof **11 28 1943**
(c) Place: burial or cremation **Appleton City Mo**

18. (a) Signature of funeral director **Frank Lee**
(b) Address **Appleton City Mo**
19. (a) **Nov 27 1943** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25** year **1943** hour **one** minute **0** M.

21. I hereby certify that I attended the deceased from **4-16** 19**43**, to **11-25** 19**43**
that I last saw her alive on **11-25** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **1yr?**

Due to **Hypertension** **1yr?**

Due to
Other conditions (include pregnancy within 3 months of death) **93d**

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 **J. B. O'Neil M.D.** (M. D. or other) **MD**
Address **Clinton, Mo** Date signed **11-27-43**

APR 3 1941

FEB 11 1940

RECEIVED

District Health Officer No. 7;

District File Number 11-43-1340

Date Filed 12-9-43

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 ME
on the 25th day of Nov 1943, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank [Signature]

Licensed Embalmer No. 1099

P. O. Address Appleton City Wis

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.