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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1944

Registration District No. 200

Primary Registration District No. 6225

Registrar's No. 49

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

1. PLACE OF DEATH

(a) County Person

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

(c) Name of hospital or institution State Hosp # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 16 days
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Pierson City
(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 Shelton C Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 22, 1943, to March 9, 1944
that I last saw him alive on March 9, 1944
and that death occurred on the date and hour stated above.

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 Feb. 25 1876
(Month) (Day) (Year)

Immediate cause of death _____

Chronic Deg. myocarditis

Due to Gen. Arteriosclerosis

Due to _____

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

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

68 0 13 hr. min.

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

10. Usual occupation Salesman

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John H. Smith

13. Birthplace Washington Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Graham

15. Birthplace Illinois
(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 _____

23. Signature Wm. J. Cramer (M. D. or other) _____
Address Mo. Mo. Date signed 3/9/44

16. (a) Informant Woop Reed

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Mar 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierson City, Mo.

18. (a) Signature of funeral director Wm. J. Cramer, Sec.

(b) Address Pierson City, Mo.

19. (a) 3-9-44 (b) Woop B. Dewick
(Date received local registrar) (Registrar's signature)

1531

RECEIVED

District Health Officer No. 7,

District File Number

3-44-5-29

Date Filed

4-13-44

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

Mack A. Braswell

Licensed Embalmer No.

2529

P. O. Address

Nevada 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.