DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18511

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Ewing. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alvin Burrel Smith.

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

4. Sex Male 5. Color or race White 0 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Bessie Smith 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 6 (Day) 1891 (Year)

8. AGE: Years 52 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Lewistown, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Henery Smith
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizaberth Dilts
15. Birthplace Ohio. /
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address Ewing. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10.44 (Month) (Day) (Year)
(c) Place: burial or cremation Lewistown. Missouri

18. (a) Signature of funeral director James A Coder
(b) Address Lewistown. Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1944 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Mar. 9, 1944, to Apr. 6, 1944
that I last saw him alive on Apr. 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 day
Due to Tuberculosis Lungs	3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P

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) no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. W. Jennings (M. D. or other)
Address Canton Mo. Date signed 4-9-44

941 (Licensed Embalmer's Statement on Reverse Side)

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed James A. Coder

Licensed Embalmer No. 2532

P. O. Address Lewistown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Lewis
(b) City or town: Lewistown
(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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lewis
(c) City or town: Ewing
(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: Alvin B. Smith
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 6 (Day) 1891 (Year)
8. AGE: Years 52 Months 10 Days 2 If less than one day: hr. min.
9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business: Farmer
MOTHER FATHER
12. Name: Wm H. Smith
13. Birthplace: (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Mary E. Hill
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant:
(b) Address: Ewing, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: April 10-8 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director:
(b) Address
19. (a) 7/10/47 (Date received local registrar) (b) P.W. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 19, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Hypostatic pneumonia — Duration: 1 day
Due to:
Due to: Tuberculosis lungs — Duration: 3 Mon
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
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: P.W. Jennings (M. D.)
Address: Canton, Mo. Date signed

SUPPLEMENTARY

18511