

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1944
 BUREAU OF THE CENSUS

Registration District No. *272*

Primary Registration District No. *4403*

Registrar's No.

1. PLACE OF DEATH:
 (a) County *Remick*
 (b) City or town *Steele*
(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) *1*
 (d) Length of stay: In hospital or institution *10 yrs*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Remick*
 (c) City or town *Steele* *79*
(If outside city or town limits, write "RURAL") *3*
 (d) Street No. *0*
(If rural, give location)
 (e) Citizen of foreign country? *0* (Yes or No)
 If yes, name country *0*

3. (a) PRINT FULL NAME *Henry Smith*
 (b) If veteran, name war *No* (c) Social Security No. *None*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *May* day *28th*
 year *1944* hour *03* minute *20 P.M.*
 21. I hereby certify that I attended the deceased from

4. Sex *male* 5. Color *Black* 6. (a) Single, widowed, married, divorced *DK?*
 (b) Name of husband or wife *Don't know* (c) Age of husband or wife if alive *years*
 7. Birth date of deceased *Don't know*
(Month) (Day) (Year)

that I last saw h. alive on, 19...., to, 19....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death *Not known* *found dead in home, no medical attention* *Duration*

8. AGE: Years *about 67* Months Days If less than one day
hr. min.

Due to *home, no medical attention*
 Due to *medical attention*
 Other conditions *200*
(Include pregnancy within 3 months of death)

9. Birthplace *Don't know* *9*
(City, town, or county) (State or foreign country)

Major findings:
 Of operations *200*
 Of autopsy *200*

10. Usual occupation *Retired*
 11. Industry or business *Don't know*

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

MOTHER FATHER
 12. Name *Don't know* *9*
 13. Birthplace *"* *"* *9*
(City, town, or county) (State or foreign country)
 14. Maiden name *"* *"* *9*
 15. Birthplace *"* *"* *9*
(City, town, or county) (State or foreign country)

16. (a) Informant *J. E. Russell*
 (b) Address *Steele, Mo*
 17. (a) *Burial* (b) Date thereof *5-28-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

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, or public place?
(Specify type of place)

(c) Place: burial or cremation *Holly Grove Cem, Steele, Mo*
 18. (a) Signature of funeral director *W. H. ...*
 (b) Address *Steele, Mo, Box #121*
 19. (a) *8/3/1944* (b) *Verity ...*
(Date received local registrar) (Registrar's signature)

While at work? _____ (c) Means of injury _____
 23. Signature *July ...* (M. D. or other) *2*
 Address *Steele, Mo* Date signed *8/29/44*

1208

(Licensed Embalmer's Statement on Reverse Side)

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

7-44-161

OCT 10 1944

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 John H. German
Licensed Embalmer No. 4355
P. O. Address Steubenville, Mo. Box 717

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.