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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 27 1944

Registration District No. 160

Primary Registration District No. 30.30

Registrar's No. 144

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town FESTUS, Missouri
(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 37 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON

(c) City or town FESTUS
(If outside city or town limits, write "RURAL") 5031

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

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

3. (a) PRINT FULL NAME EDWARD H. SMITH JR.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 2 MALE 5. Color or race COLORED

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased MARCH 2, 1854
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1
year 1944 hour 11 minute 30 A .M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 6 Days 29
If less than one day hr. _____ min. _____

Immediate cause of death unknown ✓

Duration _____

9. Birthplace Valley Mines, Missouri
(City, town or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Farming

Major findings: ADDITIONAL PHYSICIAN
Of operations STEP-BY-STEP
LEGAL CHARGES
Of autopsy REQUESTED

Underline the cause to which death should be charged statistically.

11. Industry or business Farm laborer

12. Name Edward H. Smith, Jr.

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Frances Sumner

(b) Address Festus, Mo.

17. (a) BURIAL (b) Date thereof October 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John R. Doherty

(b) Address Crystal City, Mo.

19. (a) Oct. 2, 1944 (b) Virginia Williams, Dep
(Date received local registrar) (Registrar's signature)

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 E. B. Bolgar (M. D. or other) D
Address Festus, Mo. Date signed 10/7/44

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

5031

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-25-44

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.....

Walter R. Politt

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 750
Registrar's No. _____

Registration District No. 160 Primary Registration District No. 3030

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edward A. Smith Jr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased March 2 (Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 19 If less than one day _____ min. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

He died suddenly without any medical attention

Due to Probable diagnosis: Chronic myocarditis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Baldwin Bolger (M. D. or other)

Address Festus, Mo Date signed 10-27-89

SUPPLEMENTAL

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

34540