

7. S. No. 2  
FORM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34541  
State File No. ....

Registration District No. 110 Primary Registration District No. 3030 Registrar's No. ....

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

50  
3  
1

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 1  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Murray Smith

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

4. Sex Male 5. Color or race white (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Anne Smith 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Apr 29 1858  
(Month) (Day) (Year)

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

86 5 16 hr. min.

9. Birthplace Doer Run 0 mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Pittsburgh Plate Glass Co

12. Name Andrew Jackson Smith

13. Birthplace Van Buren 0 mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lurina Best

15. Birthplace Perry County 0 mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Smith

(b) Address Festus mo

17. (a) Burial (b) Date thereof 10-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosalawn Memorial PK

18. (a) Signature of funeral director Jerk Funeral Parlor

(b) Address Festus mo

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50  
3

(c) City or town Festus 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 502 W. main  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15  
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 6, 44  
to Oct 14, 44

that I last saw him alive on Oct 14, 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Lung embolism

Due to \_\_\_\_\_

Due to 93d

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Bertula Dolgo (M. D. or other)

Address Festus mo Date signed 10/19/44

1359

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 11-2-44

**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 \_\_\_\_\_

Licensed Embalmer No. 3403

P. O. Address Jestus 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.**