

S. No. 2  
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5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38610

State File No. ....

Registration District No. 295

Primary Registration District No. 6015

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville RR#4 Sact Spring  
(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 week (Specify whether  
In this community 1 week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #4  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Goldie May Smith

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Oliver Glenn Smith  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 28 1897  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 6  
If less than one day hr. min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER, FATHER { 12. Name Henry S. Peter  
13. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lottie Kitchen  
15. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. O.G. Smith  
(b) Address Huntsville, Mo. R.R.#4

17. (a) burial (b) Date thereof 10/30/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Valley

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 12-1-44 (b) Mrs. P. Weyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1944 hour 10:30 P.M. minute M.

21. I hereby certify that I attended the deceased from none, 19...  
that I last saw h... alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by drinking  
1oz Black Leaf 40  
deed in 10 min  
Due to...  
Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy...  
163 A:2  
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) Suicide  
(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? (c) Means of injury Corona

23. Signature H. C. Griffith (M. D. or other)  
Address ... Date signed 10-25-44

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

8000

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-44-1544

Date Filed DEC 5 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

*Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.**