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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 24

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14046

Primary Registration District No. 4-3-40 5 805 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stoutsville, Mo R.F.D. (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 Missouri (b) County Ralls,

(c) City or town Rural (Stoutsville, Mo) (If outside city or town limits, write "RURAL")

(d) Street No. Stputsville, Mo R.F.D. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Richard Smith.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

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

7. Birth date of deceased April, 19, 1945 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 30 min.

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

10. Usual occupation Child.

11. Industry or business Child.

FATHER
12. Name Sammie Smith.
13. Birthplace Ralls County, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Iva Arnnett
15. Birthplace Hannibal, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Sammie Smith

(b) Address Stputsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation Spalding, Mo.

18. (a) Signature of funeral director Clyde Gidley

(b) Address Perry, Mo.

19. (a) APR 21 1945 (Date received local registrar) (b) Mayne Barton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 19th, year 1945 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from April 19, 1945, to April 19, 1945, that I last saw him alive on April 19, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Premature - 7 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

22. If death was due to external causes, fill in the following: No

(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 F. A. Barnett (M. D. or other) M.D.

Address Paris, Missouri Date signed 4-23-45

(Licensed Embalmer's Statement on Reverse Side)

1311

RECEIVED
District Health Officer No. 10
District File Number 5-45-728
Date Filed MAY 2 1945

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 Clydee Dilley

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.