

FILED MAY 10 1945
Registration District No. 379

Primary Registration District No. 6080

State File No.

Registrar's No. 24

1. PLACE OF DEATH:¹¹
 (a) County Ste. Genevieve
 (b) City or town Rural, Salene, Township
(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 87 Years. (Specify whether years, months or days)
 In this community

3. (a) PRINT FULL NAME Thomas, Monroe, Smith.
 3. (b) If veteran, name war.
 3. (c) Social Security No.

4. Sex M. (b) Color or race W. 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Dora Bayless Smith
 6. (c) Age of husband or wife if alive Yes 1857
 7. Birth date of deceased (Month) 2 (Day) 1857 (Year)

8. AGE: Years 87 Months 9 Days 12 If less than one day hr. min.

9. Birthplace St. Francois, Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer
 12. Name Ezekiel, Smith
 13. Birthplace Tenn. (City, town, or county) (State or foreign country)
 14. Maiden name Ex. Vena, Baysinger
 15. Birthplace Marion, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Smith.
 (b) Address Farmington, R. #3

17. (a) B. (b) Date thereof 4, 15, 45. (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill, St. Gen. Cozean Funeral Home

18. (a) Signature of funeral director
 (b) Address Farmington, Mo.

19. (a) Apr 15 / 45 (b) T. W. Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ste. Genevieve
 (c) City or town Rural (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 April day 14th year 1945 hour 1 minute a M.

21. I hereby certify that I attended the deceased from September 1944 to April 14, 1945 that I last saw him alive on April 13th and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic Pneumonia Duration 3 days

Due to Arteriosclerosis and senility.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations
 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:

(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 stage)
 While at work (e) Means of injury
 23. Signature L. M. Staupred (M. D. or other)
 Address Farmington, Mo. Date signed 4/14/45

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

75-00

95-0

0

104

RECEIVED

District Health Officer No. 4

District File Number 545-608

Date Filed 5-9-45

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 W. H. Cozart
Licensed Embalmer No. 4084
P. O. Address Farmington, 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.