

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16702

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Boonville Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 In this community 11 days
 years, months or days

3. (a) PRINT
FULL NAMETruman SMITH

3. (b) If veteran,

name war

None

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 3 - 1907
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

3801

hr.

min.

9. Birthplace

Smithton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Mail Carrier

11. Industry or business

U.S.

12. Name

Norman Smith

13. Birthplace

Pettis County - Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Caroline Sommerville

15. Birthplace

Pettis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Blanche Gilmore

(b) Address

Smithton - Mo.

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

5/5/45
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton - Mo.

18. (a) Signature of funeral director

Stegner-Koenig

(b) Address

Boonville - Mo.

19. (a)

May 5-45
(Date received local registrar)

(b)

DV has Swag
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Smithton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1945 hour 6:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 22, 1945, to May 4, 1945,
 that I last saw him alive on May 4, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Corbilia Dilatation

Duration

2 hrs.

Due to

Chronic Endo-carditis
Chronic Myocarditis } yrs.

Due to

Acute Rheumatism
in Child hood

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

23. Signature

M.H. Ziegler

(M. D. or other)

Address

Boonville Mo.Date signed 5/5/45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

FEB 3 1941

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 _____

working under my personal supervision. _____ Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.