. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23340

Registration District No. 2 Primary Registration District No. 5019 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Rochester
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Rochester 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Charles C. Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lena L. Smith

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August (Month) 25 (Day) 1871 (Year)

8. AGE: Years 73 Months 10 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Andrew Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation farmer

11. Industry or business farm

FATHER
12. Name William Smith
13. Birthplace unk (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Mrs C. C. Smith
(b) Address Rochester Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Cemetery

18. (a) Signature of funeral director Frank Bowman
(b) Address Heaton Begole & Bowman St Joseph Mo

19. (a) 7/2/45 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1945 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from June 1, 1941 to July 1, 1945, that I last saw him alive on June 30, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 Day
Due to Arteriosclerosis	?
Due to	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E M Reynolds (M. D. or other)

Address Union Star Date signed 7-1-45

1072

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Bowma

Licensed Embalmer No. 1710

P. O. Address St Joseph M

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.