No. 2
-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30827

FILED OCT 39 1945

Registration District No. 1039

Primary Registration District No. 3031

Registrar's No. 44

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

50
2
2

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto — Mo
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 820 N. Second Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town De Soto — Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 820 N. 2nd. Street 2
(If rural, give location) 0

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

If yes, name country ✓

3. (a) PRINT FULL NAME William Francis Smith

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Martha Cotton

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 20 (Day) 1881 (Year)

8. AGE: Years 64 Months 5 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Sandy (Jefferson Co.) Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired Farmer

FATHER
12. Name Robert Smith
13. Birthplace Jefferson Co. — Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isevenda Wilson
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Smith
(b) Address 820 N. 2nd St. DeSoto, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hillsboro — Mo.

18. (a) Signature of funeral director F. Lee Mothershead
(b) Address DeSoto — Mo.

19. (a) 9-7-45 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1945 hour 9 minute 45 A.M.

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

	Duration
Immediate cause of death auricular fibrillation	1 day
Due to chronic myocarditis	unknown
Due to Rheumatic infection	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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 J. P. Ingels (M. D. or other) DO
Address DeSoto, Mo. Date signed 9/5/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-8-45

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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Dr Soto M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.