V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6511

State File No.

Registration District No. 217 Primary Registration District No. 3045-5747 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston (rural) Jones
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#2
(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 1 Week

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miss. 67
(c) City or town Charleston Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#2 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Curtis Elexander Smith
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 28th 1894 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 1 If less than one day hr. min.
9. Birthplace Bedford Co. (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Alec Smith
13. Birthplace Bedford Co. (City, town, or county) Tenn. 1 (State or foreign country)
14. Maiden name Mary Landis
15. Birthplace Bedford Co. (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Ed Smith
(b) Address Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston
18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston, Mo
19. (a) 2-8-46 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1946 hour 12 minute Mid M.
21. I hereby certify that I attended the deceased from Jan 25, 1946 to Jan 29, 1946 that I last saw him alive on Jan 7-9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to:	
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? No.
While at work? (Specify type of place) (e) Means of injury 0
23. Signature W. P. Fenton M.D. (M. D. or other)
Address Ogden, Mo Date signed 2-7-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 346-291
Date Filed 3-4-46

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 John F Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.