

S. No. 2
4-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8741**
Registrar's No. **108**

FILED APR 30 1946

Primary Registration District No. **3010**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
7672

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 hours**
In this community **27 hours**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **A. C. (Acie) Smith**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **500-18-2413**

4. Sex **Male** 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 8, 1921**
(Month) (Day) (Year)

8. AGE: Years **24** Months **8** Days **17** If less than one day hr. min.

9. Birthplace **Haynes, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Alec Smith**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Bronner**
15. Birthplace **Marshall County, Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rosie Bryant**
(b) Address **Painton, Missouri**
17. (a) **Removal** (b) Date thereof **March 28, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **McMullen, Missouri**

18. (a) Signature of funeral director **F. J. Sparks**
(b) Address **Cape Girardeau, Mo.**
19. (a) **3-30-1946** (b) **C. C. Sumner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Painton (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**
year **1946** hour **1** minute **40 A. M.**
21. I hereby certify that I attended the deceased from **3/24/46**, 19____, to **3/25/46**, 19____
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above
Immediate cause of death _____
Duration _____

Gertrude Steer
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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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 **C. C. Sumner** (M. D. or other) _____
Address _____ Date signed **3/25/46**

RECEIVED

District Health Officer No. 4
District File Number 446-1953
Date Filed 4-9-46

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 Frank Sparks
Licensed Embalmer No. 3455
P. O. Address Cape Girardeau 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.