

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 18 1946  
Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 4499

State File No. 11925  
Registrar's No. 22

1. PLACE OF DEATH:  
(a) County Shelby County  
(b) City or town Shelbina, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby  
(c) City or town Shelbina  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Eugene Smith  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 28th  
year 1946 hour 8 minute 10 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sepha Smith 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased August 7th 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 25 1946 to Feb. 28 1946  
that I last saw him alive on Feb. 28 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years 37 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration 6 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Electrician  
11. Industry or business \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER, FATHER { 12. Name James T. Smith  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Roberts  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sepha Smith  
(b) Address Shelbina, Missouri  
17. (a) Burial (b) Date thereof 3-2-1946  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Shelbina, Mo.  
18. (a) Signature of funeral director Million & Barkelew  
Shelbina, Mo.  
(b) Address \_\_\_\_\_  
19. (a) Mar. 5-46 (b) Rich Jaeger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature R. L. Caldwell (M. D. or other) D.O.  
Address Shelbina, Mo. Date signed Mar 5-46

307

(Licensed Embalmer's Statement on Reverse Side)

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

10E330

RECEIVED

District Health Officer No. 10

District File Number 3-46-457

Date Filed

MAR 13 1946

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.....

*O. W. Hawkins*

Licensed Embalmer No. 3498

P. O. Address.....

*Shelburne Vt*

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.