

S. No. 9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAY 13 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

153980

State File No.

Registration District No. 332

Primary Registration District No. 6114

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural Morley
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

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

(d) Street No. 9 Miles North of Sikeston 0
Hiway 61 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Hinton Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 26 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Mokane Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Smith

(b) Address Morley, Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof 2/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tebbetts, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 2-15-46 (b) C. Bryant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1946 hour 10 minute 45 p.M.

21. I hereby certify that I attended the deceased from 2/10/46
_____ 19 _____ to 2/14/46 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Tobac Pneumonia Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature McNeill (M. D. or other) 00

Address Sikeston, Mo. Date signed 2/15/46

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

MOTHER FATHER

302

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 546-609

Date Filed 5-10-46

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.....

..... Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2941

P. O. Address. Sikeston, 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.