No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15708

State File No.

Registration District No. 32 Primary Registration District No. 5109 Registrar's No. 37

1. PLACE OF DEATH:

(a) County BOLLINGER

(b) City or town Rural Patton Rt 1
(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 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BOLLINGER

(c) City or town RURAL PATTON Rt 1
(If outside city or town limits, write "RURAL")

(d) Street No. Crooked Creek Twp.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FLORA ESTELLE SMITH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife RUBEN ANDREW SMITH

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MAR. 24 1876
(Month) (Day) (Year)

8. AGE: Years 70 | Months 1 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Jerseyville Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business ✓

FATHER
12. Name JAMES B. SWAN /
13. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSAN I TURNER
15. Birthplace ✓ North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice S. Smith
(b) Address

17. (a) Burial (b) Date thereof May 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Patton Mo.

18. (a) Signature of funeral director Webb & Holt
(b) Address Fredericktown, Mo.

19. (a) May 13 1946 (b) Willie P. Van Ausbergh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4
year 1946 hour 5 minutes 20 P. M.

21. I hereby certify that I attended the deceased from June 1, 1945 to May 4, 1945;
that I last saw her alive on Mch 1, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of duodenum	2 yrs
Due to Cause unknown	
Due to	
Other conditions Chronic gastritis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46 ✓	

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 H Harry Barron (M. D. ~~or other~~)

Address Fredericktown Date signed 5-7-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
Registrar's File Number 646-2213
Date Filed 6-7-46

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 H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.