

No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

15887

Registration District No. 43 Primary Registration District No. 3007 State File No. _____
Registrar's No. 170

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da
In this community 3 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edward B. 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 Married
6. (b) Name of husband or wife Esther 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 9 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>13</u>	_____hr. _____min.

9. Birthplace Mayfield Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Store

12. Name Smith

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

14. Maiden name Mattie Unknown

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

16. (a) Informant Mrs. Esther Smith

(b) Address Poplar Bluff, Mo.

17. (a) removal (b) Date thereof 5/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield, Ky.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 5/23/46 (b) Rob. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1407 Tremont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 20, 1946, to May 24, 1946.
that I last saw him alive on May 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation. 93% PHYSICIAN _____

Of autopsy No autopsy. 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 _____

23. Signature JW Moore (M. D. ~~XXXX~~)

Address Poplar Bluff, Mo. Date signed 5/24/46

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RECEIVED

District Health Office No. 2,

District File Number 546-654

Date Filed 5-30-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.