

S. No. 2
M-5-43
7. 5-17-39
I X36871

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17224
Registrar's No. 78

Registration District No. 383 Primary Registration District No. 5655

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community 20 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 104 West Cooper
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Smith
3. (b) If veteran, name war No 3. (c) Social Security No. 499-10-7871
4. Sex male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 18 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th
year 1946 hour 2:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from April 18th, 1946, to May 7th, 1946.
that I last saw him in alive on May 7th, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 8 19 hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis Duration About 1 yr.

9. Birthplace Sedalia Missouri 1
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Porter
11. Industry or business _____
12. Name Charley Smith 0
13. Birthplace Sedalia Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Harris
15. Birthplace Sedalia Missouri 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 135
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Burial (b) Date thereof 5-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Sedalia Mo
18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia Mo
19. (a) 4-7-46 (b) C. Philbrick
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature C. A. Brasher M. D. (M. D. or other) _____
Address Mt. Vernon, Mo. Date signed 5-7-46

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RECEIVED

District Health Officer No. 1

District File Number 646-660

Date Filed 9761-1-1 NCC

JUN 11 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 F. W. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.