S. No. 2
DM—2-43
v. 5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24427

State File No.

FILED JUN 18 1946

Registration District No. 257 Primary Registration District No. 4353 Registrar's No. 33

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

23279

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Gideon (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 about 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

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

(d) Street No. — (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME John Franklin Smith

3. (b) If veteran, name war —

3. (c) Social Security No. 486-18-6702

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maud Smith

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July (Month) 18 (Day) 1883 (Year)

8. AGE: Years 62 Months 10 Days If less than one day hr. min.

9. Birthplace Paragould (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Taxi-driver

11. Industry or business —

FATHER
12. Name Sylvester Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Wiggins
15. Birthplace Liverpool (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Maud Smith

(b) Address Gideon, Mo.

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

(c) Place: burial ~~or cremation~~ Mt. Gilead

18. (a) Signature of funeral director Lloyd Russell

(b) Address Piggott Ark.

19. (a) June 6, 1946 (Date received local registrar) (b) Mrs. Byron Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3 year 46 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-1 46 19 to 5-3 1946 that I last saw him alive on 5-2-46 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Mediastinum

Due to Security to cancer of stomach

Due to ✓

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

Major findings: Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

47 ff

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 2

23. Signature Dr Carlstrom (M. D. or other) D.O.

Address Malden Mo Date signed 6/1/46

215 (Licensed Embalmer's Statement on Reverse Side)

Dr. Carlstrom
Malden

RECEIVED
District Health Office No. 2,
District File Number 246-848
Date Filed 2-25-46

AUG 29 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.