S. No. 2
M—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30980

Registration District No. 210 Primary Registration District No. ~~4322~~ 5776 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Rural- Washington Twp.
(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
In this community All Of His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer 65
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. S.W. of Princeton, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lewis Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 9 (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
96	5	3	hr. min.

9. Birthplace Mercer Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Daniel Smith
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Barbara Mouter
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant C.E. Smith
(b) Address Oklahoma City, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Goshen

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 9-14-46 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1946 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 7, 1946 to Sept 12, 1946 that I last saw him alive on Sept 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute uremic Coma

Due to Brights Disease Chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy none

Duration

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 0

23. Signature J M Perry (M. D.)
Address Princeton Mo Date signed 9/13-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.