

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 12 1946

Registration District No.

Primary Registration District No. 5499

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Rural Lincoln 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 _____ (Specify whether years, months or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Daniel Smith

3. (b) If veteran name war

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24
year 1946 hour 11 minute 10 P.M.

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

6. (b) Name of husband or wife Ella Smith 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept 3 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10 1946 to October 10 1946
that I last saw him alive on October 1st 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>21</u>	hr. min.

Immediate cause of death: Primary carcinoma of prostate gland
secondary carcinoma of Intestines Liver

Due to _____

Due to _____

Duration 1 yr
6 mo.

9. Birthplace Pigeon Mo. I.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Dave Smith

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

14. Maiden name unknown

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

Major findings: Of operations 5/10

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Essie Robertson
(b) Address Watfield, Mo.

17. (a) Rural (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley chapel

18. (a) Signature of funeral director Frank C. Duffel
(b) Address Front City Mo.

19. (a) 11-6-46 (b) Chas Adams
(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) (e) Means of injury ✓

23. Signature O. L. Fullerton M.D. (M. D. or other)
Address Redding Ia. Date signed 10/26/46

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

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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..... *Arch C. Dingle*.....

Licensed Embalmer No. *3252*.....

P. O. Address..... *Grant City 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.