

No. 2
5-43
5-17-39
11 X 6671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36571

FILED NOV 21 1946
Registration District No. 26

Primary Registration District No. 5-40-4 5420

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Sevier

(b) City or town Halscomb Rural #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME A. B. GOLDSMITH

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-14 9685

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife 50 Hester Goldsmith
alive _____ years

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

7. Birth date of deceased Oct 12th 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George W. Goldsmith

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

14. Maiden name Nancy Whitaker

15. Birthplace Dunklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Goldsmith

(b) Address Halscomb Mo.

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pigg City Cemetery

18. (a) Signature of funeral director David Russell

(b) Address Pigg City Ark

19. (a) 11-8-46 (b) J. H. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin 35

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1946 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusions

Due to Hypertention

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

Major findings: 94A

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Sept 26th 1946

(c) Where did injury occur? Frisbee Dunklin MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Walter Hubbard Date signed 9-26-46
Address Rennett MO

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2
District File Number 1146-1336
Date Filed 11-15-46

D. B. Williams

NOV 18 1947

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.