

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39471

State File No. _____

FILED DEC 2 1946
375
Registration District No. _____

Primary Registration District No. 6280

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville-Rural-Hart 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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Arthur Jefferson Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-09-7481

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Frona Smith 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 26 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1946 hour 1:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 10 1946 to Sept 14 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 Carcinoma of Stomach 1 yr

8. AGE: Years Months Days If less than one day
58 6 18 hr. _____ min.

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

10. Usual occupation Florist

11. Industry or business _____

MOTHER FATHER { 12. Name William Smith
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Chambers
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Dydia Scott
(b) Address Hartville, Missouri

17. (a) burial (b) Date thereof 9-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Gene E. Zeldner
(b) Address Hartville, Mo

19. (a) Nov. 18, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____
Of autopsy 46 B

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Matt (M. D. or dentist)
Address Hartville Mo Date signed 11/16/46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6

District File Number 1146-1165

Date Filed NOV 29 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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.