. S. No. 2
DM—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 40020

Registrar's No. 286

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24hrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cole

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

(d) Street No.: 1016 High St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Joseph Smith

3. (b) If veteran, name war

3. (c) Social Security No. 480-09-5442

4. Sex: Male

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: Sept 7, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	9	hr. min.

9. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Unk
13. Birthplace: unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unk
15. Birthplace: unk (City, town, or county) (State or foreign country)

16. (a) Informant: none

(b) Address: none

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Riverview Cemetery

18. (a) Signature of funeral director: Victor Buecher

(b) Address: Jefferson City, Mo.

19. (a) 12-18-46 (Date received local registrar) (b) R. P. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Dec 15 1946 to Dec 16 1946 that I last saw him alive on December 16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Incompetency

Due to: Arteriosclerosis

Due to: Uremia right leg

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.

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

23. Signature: J. G. Burns (M. D. or other)

Address: Jefferson City Mo Date signed 12/18/46

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-30-46

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.