

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946
Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41172
Registrar's No. 138

Primary Registration District No. 3036

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

1. PLACE OF DEATH:
(a) County LAWRENCE
(b) City or town AURORA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AURORA HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HRS.
(Specify whether years, months or days) 3 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAWRENCE
(c) City or town AURORA 55
(If outside city or town limits, write "RURAL")
(d) Street No. 141 W. Olive
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME FRANK SMITH
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 2ND
year 1946 hour 11:20 minute — P. M.
21. I hereby certify that I attended the deceased from 12/2 1946 to 12/2 1946
that I last saw him alive on 12/2 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

Immediate cause of death Cardiac Decompensation Duration 25 yrs
Due to Morphine addiction
failure to eat while
Due to in jail in attempt
to obtain drug.
Other conditions Ch. Cardiac
(Include pregnancy within 3 months of death)
Asthma (History only)
Main findings Blueness
Crippled in feet.

7. Birth date of deceased Sept. 1, 1886
(Month) (Day) (Year)
8. AGE: Years 60 Months 3 Days 1 If less than one day hr. min.

Physician —
Of autopsy —
Underline the cause to which death should be charged statistically.

9. Birthplace IOWA (City, town, or county) (State or foreign country)
10. Usual occupation UN KNOWN

11. Industry or business —
12. Name NO RECORD
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant MRS. FRANK SMITH
(b) Address AURORA, MO.
17. (a) BURIAL (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.

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) (e) Means of injury —
While at work? —
23. Signature Keneth Glover (M. Examiner)
Address W. Vernon, Mo. Date signed 12/2/46

18. (a) Signature of funeral director Keneth Glover
(b) Address AURORA, MO.
19. (a) Dec 4-46 (b) Orville Matt
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 6;
District File Number 1246-1226
Date Filed DEC 10 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 H. G. White
Licensed Embalmer No. 4240
P. O. Address AURORA, 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.