

No. 2
2-45
7-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41713**

FILED JAN 7 1947

Registration District No. **24947**

Primary Registration District No. **3056**

Registrar's No. **279**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCormick Hospital**
(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 **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **1007 Buchanan St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SHIRLEY GLEYSIDE SMITH**

3. (b) If veteran, name war _____ 3. (c) Social Security No **486-14-1235**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha A. Smith** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 21st 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 10 8 hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Isaac Smith**

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

14. Maiden name **Della Tolbert**

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

16. (a) Informant **Mrs. Martha A. Smith**

(b) Address **Moberly, Mo.**

17. (a) **Burial** (b) Date thereof **12-31st-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly, Mo.**

18. (a) Signature of funeral director **M. J. Mc Cormick**

(b) Address **Moberly, Mo.**

19. (a) **Dec 31-46** (b) **Seal Moberly, Mo.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
year **1946** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Dec. 27**, 1946, to **Dec. 29**, 1946,
that I last saw him alive on **Dec. 29**, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death **Perforating ulcer of stomach**

Due to _____

Due to _____

Other conditions **11.7A**
(Include pregnancy within 3 months of death)

Major findings: **Large hole in stomach**
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? _____

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

23. Signature **M. J. Mc Cormick** (M. D. or other) **MD**

Address **Moberly Mo.** Date signed **12.30.46**

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

269

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 147-16
Date - JAN - 6 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..... *Frank D. DeWitt*
Licensed Embalmer No. *3091*
P. O. Address..... *Mobily 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.