

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4193

State File No.

FILED MAR 6 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton 1206 N Bluff St
(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 31 Years (Specify whether
In this community 31 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 1206 N. Bluff St (If rural, give location)

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

3. (a) PRINT FULL NAME S. FRANK SMITH

3. (b) If veteran, name war:

3. (c) Social Security No. 489-09-9516

4. Sex Male

5. Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Valentina Smith

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased June 27 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>24</u>hr.min.

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

10. Usual occupation Retired Engineer

11. Industry or business:

12. Name Lewis Holland Smith

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

14. Maiden name Elizabeth Halley

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

16. (a) Informant Harry Smith

(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Valley Funeral Home

(b) Address 776 6th St. Fulton, Missouri

19. (a) 2-23-1947 (Date received local registrar)

(b) Jesse M. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1947 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 15 1947 to Death 1947
that I last saw him alive on Feb 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to Arteriosclerosis

Due to myocardial degeneration

Other conditions:

(Include pregnancy within 3 months of death)

Duration	
<u>10 min.</u>	
<u>10 yrs.</u>	
<u>2 yrs.</u>	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

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:

(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: 0

Signature J. Brown (M. D. or other) MD

Address Fulton, Mo. Date signed 2-23-47

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

RECEIVED
District Health Officer No. 9,
District File Number
MAR 3 1947
Date Filed

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 *Wenzel C. Downing*
Licensed Embalmer No. *2724*
P. O. Address *Fullon road*

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.