

S. No. 2
4-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1947
Registration District No. 178

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5361**
Registrar's No. 22

Primary Registration District No. 4281

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

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town CANTON CANTON
(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 1
(Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Frank James Smith
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Teal Quick
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased MAY 19 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 23
If less than one day hr. min.

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

10. Usual occupation Retired Oil Field worker

11. Industry or business Oil fields in Texas

12. Name Elizer Smith

13. Birthplace Galeton Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Diadama

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

16. (a) Informant Clyde Smith
(b) Address CANTON Mo.

17. (a) Burial (b) Date thereof 2/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON Mo.
18. (c) Signature of funeral director Earl H. Bailey

(b) Address CANTON, Mo.

19. (a) 2/18/47 (b) J. W. Jennings md
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Canton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1
1946 to 1/18 1947
that I last saw him alive on 1/19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury 2

23. Signature Sam J. Buchanan (M. D. or other) MD
Address Canton, Mo. Date signed 2/14/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

161

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1957

RECEIVED
District Health Officer No. 10
District No. 2-47377
Date filed - FEB. 19 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 Earl A. Buckley

Licensed Embalmer No. 12615

P.O. Address Canton, 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.