

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 8 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

8333

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 3015

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Clenton

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

(c) Name of hospital or institution:  
324 W 5th St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Lifetime (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Clenton <sup>25</sup>

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

(d) Street No. 324 W 5th St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Clyde Smith

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 500-07-8109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24  
year 1947 hour \_\_\_\_\_ minute 1:30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen J. Smith

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 11 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 17 1947 to Mar 24 1947  
that I last saw him alive on March 17 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retail farmer

Major findings: Of operations 94 P

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name E. J. Smith

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

14. Maiden name Mona

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

16. (a) Informant Mrs. Helen J. Smith

(b) Address Camden

17. (a) Buried (b) Date thereof 3 26 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkland Cemetery

(d) Signature of funeral director Poland Funeral Home

(e) Address Camden

19. (a) 3-26-47 (b) Mrs. Willie Jones  
(Date received local registrar) (Registrar's signature)

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)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 26 Mar 47

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

MOTHER FATHER

66

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*W. H. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Cameron*

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.