

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10277

State File No. ....

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Smithton Rural  
(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 74 years (Specify whether years, months or days)  
In this community 74 years

3. (a) PRINT FULL NAME

Sida Erfurth

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 9 - 1872

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

6

7

hr.

min.

9. Birthplace

Smithton Pettis Co Mo  
(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Martin Moseley

13. Birthplace

Germany  
(City, town, or county)

(State or foreign country)

14. Maiden name

Margaret Baker

15. Birthplace

State of Missouri  
(City, town, or county)

(State or foreign country)

16. (a) Informant

Paul Erfurth

(b) Address

Smithton Mo

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

3-15-47  
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithton Mo

18. (a) Signature of funeral director

H. F. Moseley

(b) Address

Smithton Mo

19. (a)

3-19-47  
(Date received local registrar)

(b)

Betty Yeager  
(Registrar's signature)

(Date)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Smithton Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1947 hour 10 minute 15 P. M.  
21. I hereby certify that I attended the deceased from 4-3-15-10-47 to 4-3-15-10-47  
that I last saw her alive on 4-3-15-10-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 [Signature] (M. D. or other) M.D.  
Address Smithton Mo Date signed 3/14/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

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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 A. F. Nemmyer

Licensed Embalmer No. 3912

P. O. Address Smithton, Pa

**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.