

S. No. 2  
M-9-4-1  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAY 8 1947  
McClure 323

# STANDARD CERTIFICATE OF DEATH

State File No. **16096**

Registration District No. **233**

Primary Registration District No. **3070**

Registrar's No. **35**

**1. PLACE OF DEATH:**

(a) County Scott

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

(c) Name of hospital or institution:  
Sikeston General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)

In this community 27 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Scott **100**

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

(d) Street No. 9 Miles North of Sikeston  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James T. Smith

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

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 23  
year 1947 hour 12 minute MM

21. I hereby certify that I attended the deceased from 3-23  
1947 to 3-23 1947

that I last saw him alive on 3-23 1947  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mina C. Smith

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: 1 16 1885  
(Month) (Day) (Year)

Immediate cause of death:  
Crushing wound of Chest.

Due to Auto Collision

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>7</u>	hr. min.

Major findings:  
Of operations \_\_\_\_\_

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

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farming

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

MOTHER, FATHER

12. Name David Hinton Smith

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

14. Maiden name Susan George Allen

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

16. (a) Informant Mrs. Mina Smith

(b) Address Morley, Mo. R.F.D. #1

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

(c) Place: burial or cremation Morley, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 4-26-47 (b) Mrs. J. F. Henry  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident **100**

(b) Date of occurrence March 23-1947

(c) Where did injury occur? Highway #61 N. Sikeston  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On public Road  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury Auto Collision

23. Signature J. H. ...  
Address Sikeston, Mo Date signed 3/29/47

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

100  
5  
2

100

Duration

*M. J. ...*

Coll. with other M. Verige

RECEIVED

Health Office No. 2,

District File Number 547-665-

Date Filed 5-5-47

MAY 9 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 John Allerton  
Licensed Embalmer No. 794  
P. O. Address Superior, Wis.

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.