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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947
359

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16267**

Registration District No. _____

Primary Registration District No. **6217**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Badger Gap**
(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 _____ (Specify whether)
In this community **4 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**
(c) City or town **Rural-Badger Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **108**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Daniel Edward Smith**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Vina Smith** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **February 13 - 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	1	19	hr. _____ min. _____

9. Birthplace **Harrison Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Edward H. Smith**

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

14. Maiden name **Ruth Webster**

15. Birthplace **Unknown** ✓ (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Viola Kiser**

(b) Address **Miles, Mo., Rt. #1**

17. (a) **Burial** (burial, cremation, or removal) (b) Date thereof **4-4-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oliver Branch Cem.**

18. (a) Signature of funeral director **Allen J. King**

(b) Address **Nevada, Mo.**

19. (a) **April 16, 1947** (b) **Mrs. Ruth Faith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1st**, year **1947** hour **9:00** minute _____ A. M. _____

21. I hereby certify that I attended the deceased from **April**, 19**46**, to _____, 19____, that I last saw him alive on **2-10**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease with auricular fibrillation & congestive heart failure.**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(c) 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 _____

23. Signature **Alvin Owen** (M. D. or other) _____
Address **Nevada, Mo.** Date signed _____

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 3-47-497
Date Filed 4-22-47

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 *Allen J. Kays*
Licensed Embalmer No. *1968*
P. O. Address *Nevada, 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.