

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17622

State File No. \_\_\_\_\_  
Registrar's No. 2182

Registration District No. 179 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Keokuk  
(c) Name of hospital or institution: Gen Hosp  
(d) Length of stay: 4 days  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Keokuk  
(d) Street No. 409 E 4th  
(e) Citizen of foreign country? Unknown

3. (a) PRINT FULL NAME ROBERT SMITH  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 8  
year 1947 hour 7:25 minute 1 M.  
21. I hereby certify that I attended the deceased from  
Crown, 19 to 19  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

4. Sex M Color W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, unknown  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive, unknown years  
7. Birth date of deceased unknown

Immediate cause of death: Snowed Intoxication  
Due to: -2-3 degree below zero today  
I had  
Due to:  
Other conditions:  
Major findings:  
Of operations: 181  
Of autopsy: no  
Hysteria & Epilepsy

8. AGE: Years 85 Months Days If less than one day hr. min. 9

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

10. Usual occupation: Unknown

11. Industry or business: Unknown

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Coroner's Office

(b) Address: R.C. Mo. 5/17/47

17. (a) Removal (b) Date thereof: 5/17/47

(c) Place: burial or cremation: Mt Calvary R.C.K.

18. (a) Signature of funeral director: Sebbeto's

(b) Address: City

19. (a) 5-17-47 (b) Geraldine Holmes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): accident  
(b) Date of occurrence: 5-4-47 12:30  
(c) Where did injury occur?: R.C. Jackson Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? no (Specify type of place) (e) Means of injury: A.D. file

23. Signature: Samuel Wally (M. D. or other):  
Address: 1924 1/2 W. 4th Date signed: 5-15-47

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

MOTHER FATHER

**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..... *Ray E Snow*  
Licensed Embalmer No. *2560*  
P. O. Address..... *K E M*

**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.**