V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20253

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 236

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years. 7 months (Specify whether
In this community Same.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. City Sanatorium. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW. SMITH.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 2
5. Color or race N.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife D.K.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased D. K. (Month) (Day) (Year)

8. AGE: Years 90. Months Days If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name D.K.
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name D.K.
15. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
16. (a) Informant Hospital Records.
(b) Address Fulton Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo
18. (a) Signature of funeral director Glen J. Marquis
(b) Address 712 Court Fulton, Mo
19. (a) July 2. 1947 (Date received local registrar) (b) Josie Morsenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1947 hour 2. minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-20-47, 19__, to 6-28-47, 19__; that I last saw him alive on 6-27-47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Inanition, 6 chronic myocarditis.	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. P. Price (M. D. or other) M.D.
Address Fulton Mo. Date signed 6-28/47
by A. Fuego.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/9/42

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.