

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23053**
Registrar's No. **722**

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall *mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pautz Invalid Home *4*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since April 2, 1947.
(Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline *97*
(c) City or town Marshall
(If outside city or town limits, write "RURAL") *1*
(d) Street No. 300 North Jefferson *2*
(If rural, give location) *0*
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jefferson Davis Smith
3. (b) If veteran, name war
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2 *med*
year 1947 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1945
19 June 2 19 47
that I last saw him alive on June 1 19 47
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dell Smith
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 3rd, 1866.
(Month) (Day) (Year)

Immediate cause of death Myocarditis - Hypertensive -
arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 9 20

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>29</u>	hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Henry County, Kentucky /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business _____

MOTHER FATHER }
12. Name Paschel E. Smith
13. Birthplace Unknown Tenn. /
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Moore
15. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant W. E. Smith
(b) Address Blackwater, Mo.
17. (a) Burial (b) Date thereof June 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

While at work? _____ (Specify type of place) (Means of injury) 0
23. Signature John R. Lawrence (M. D. or other) 0
Address Marshall, Mo. Date signed 6-5-47

18. (a) Signature of funeral director Campbell
(b) Address Marshall, Mo.
19. (a) June 6-1947 (b) Bidney T. Gray
(Date received local registrar) (Registrar's signature)

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

17
12

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-16-47

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 J. H. Rini

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.