

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26542

FILED JUL 22 1947

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County Yernon

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

(c) Name of hospital or institution:
Nebraska Tourist Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Hannas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5519 Brooklyn 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Solon M. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. 136-01-6797

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10th
year 47 hour 21 minute P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
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 Virginia Smith 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Mar 9, 1906
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day
41 4 1 hr. min.

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

10. Usual occupation Salesman

Major findings: Of operations.....

Of autopsy no

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

MOTHER FATHER

11. Industry or business.....

12. Name James S. Smith 1

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

14. Maiden name Came Meyer

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

16. (a) Informant Virginia Smith

(b) Address Hannas City, Mo

17. (a) Removal (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannas City, Mo

18. (a) Signature of funeral director Marsh C. Eickman

(b) Address Nebraska, Mo

19. (a) 2-14-47 (b) Rayburn J. Jancy
(Date received local registrar) (Registrar's signature)

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

(c) Accident, suicide, or homicide (specify).....

(b) Date of occurrence 7-10-47

(c) Where did injury occur? Nebraska-Hannas Mo
(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).....
(e) Means of injury.....

23. Signature Marsh C. Eickman
Address Nebraska Date signed 7-10-47

APR 2 1948

RECEIVED
District Health Officer No. 71
District File Number 6-47-848
Date Filed 7-26-47

JUL 23 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 Mark Eichinger
Licensed Embalmer No. 2656
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.