

U. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35697

30218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2522

FILED SEP 24 1947

Registration District No.

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution thirteen days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Huntsville, Mo. Rural Rt. 10
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville Eugene Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 5/1/36
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	11	5	16	hr. _____ min.

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

10. Usual occupation Child - Home

11. Industry or business _____

MOTHER FATHER

12. Name Oliver Glenn Smith

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

14. Maiden name Goldie Letters

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

16. (a) Informant Mr. Oliver Glenn Smith

(b) Address Huntsville, Mo. Rt. 1

17. (a) Burial (b) Date thereof 9/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asbury Cemetery

18. (a) Signature of funeral director W. B. Patton

(b) Address Huntsville, Mo.

19. (a) 9-17-47 (b) W. B. Patton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1947 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept 4
1947, to Sept 17 1947

that I last saw him alive on Sept 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Septic and terminal
Pneumonia

Due to Asplenic Infection

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?
While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature M. T. Lutensohn (M.D. or other) DO.

Address Huntsville, Mo. Date signed 9-17-47

RECEIVED
District Health Officer No. 4-47-1292
Date Filed SEP 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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, Ala

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.