S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 5-8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30653

Primary Registration District No. 5214

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Carter
(b) City or town 4 miles east of Ellsinore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. Highway No 60 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State Ill. (b) County Kankakee 997
(c) City or town Kankakee 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country .....

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

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 35-9092145

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Lucille Smith

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 7 (Day) 1921 (Year)

8. AGE: Years 26 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Kankakee (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Rail road Brakeman

11. Industry or business Railroad

FATHER
12. Name H. W. Smith
13. Birthplace Kankakee (City, town, or county) Ill. (State or foreign country) 1

MOTHER
14. Maiden name Anna Hope
15. Birthplace Progress, (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant H. W. Smith
(b) Address Ellsinore, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 17 (Day) 47 (Year)
(c) Place: burial or cremation Kankakee, Ill.

18. (a) Signature of funeral director Seaton Perritt
(b) Address Van Buren Mo

19. (a) Sept. 15-47 (Date received local registrar) Mrs Octa Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th year 1947 hour 10 minute 30 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.

Immediate cause of death Skull Fracture — Duration

Due to Accident by colision of motorcycle with cow.

Due to .....

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

Major findings: Of operations .....

Of autopsy No autopsy

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

22. If death was due to external causes, fill in the following: 18
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 13, 1947
(c) Where did injury occur? Ellsinore, (City or town) Carter, (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway No. 60 Near Ellsinore (Specify type of place)
While at work? No (e) Means of injury Skull Fracture 3

23. Signature Seaton Perritt (M. D. or other) Cor
Address Van Buren Date signed 9-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District
District File No. 104755.0
Date Filed 10-9-47

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. ~~2287~~, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.