

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40662

State File No. _____

FILED DEC 15 1947

Registration District No. 341

Primary Registration District No. 6152a

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural (Liberty)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME Valentine Martin 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 Married

6. (b) Name of husband or wife Mary Helen Smith 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 9, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 15 hr. _____ min.

9. Birthplace Springerton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Martin Smith
13. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ellen Upton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Helen Smith
(b) Address R.F.D. # 1, Dexter, Mo.
17. (a) Burial (b) Date thereof 11-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
Dexter, Missouri
(b) Address _____

19. (a) 12/3-1947 (b) Margaret Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #1, Dexter, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-27-47
to Nov-24, 1947
that I last saw him alive on Nov 21, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to Coronary Vascular
renal disease
Due to Senility (Premature) 18 hrs

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) (Means of injury)
23. Signature Earl Newberry (M. D. or other) _____
Address Dexter, Mo. Date signed 11/28/47

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

RECEIVED

District Health Office No. 2,

District File Number 1247-1563

Date Filed 12-8-47

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 _____

Licensed Embalmer No. 3479

P. O. Address Depto. 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.