S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43922

State File No.

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 65

1. PLACE OF DEATH

(a) County Scotland

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

(c) Name of hospital or institution: 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 Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis 99 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Frederick Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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 June (Month) 8 (Day) 1877 (Year)

8. AGE: Years 70 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name August Smith
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Troth
15. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant O. N. Smith

(b) Address Memphis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Prairie View

18. (a) Signature of funeral director Gerth & Baskett

(b) Address Memphis

19. (a) Dec 17-1947 (Date received local registrar) (b) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 11 day 3 year 1947 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from Pan hm dead, 19, to, 19; that I last saw h dead alive on 11/4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death auto accident deceased ran into a parked car on High way

~~Due to~~ no inquest delt

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence — 99

(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? (Specify type of place)

While at work? — (e) Means of injury

23. Signature O M Baker Corona (M. D. ~~or other~~) 5

Address Memphis Mo Date signed 11/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-1779
Date Filed DEC 22 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 Fred Guth

Licensed Embalmer No. 4256

P. O. Address Memphis Tn

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.