

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15570
Registrar's No. 191

Registration District No. 12 Primary Registration District No. 5135

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fisk Rural (outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ASA Hill Top
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 13
(c) City or town Fisk Rural (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 Baby (Boy) 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 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased May 10 - 48 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 5 hr. 40 min.

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

10. Usual occupation none

11. Industry or business none

12. Name Sherman Freeman Smith
13. Birthplace Stoddard County Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Aline Waters
15. Birthplace Fisk Mo (City, town, or county) (State or foreign country)

16. (a) Informant Sherman F. Smith
(b) Address Fisk Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation Vale Cemetery

18. (a) Signature of funeral director Shelby James Home
(b) Address Fisk Mo

19. (a) 6/1/48 (Date received local registrar) (b) (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 10 1948 to June 10 1948
that I last saw him alive on May 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: atelectasis
Due to Premature birth
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:
(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) (c) Means of injury
23. Signature J.P. Schlyer (M.D. or other) Address Fisk Mo Date signed May 2 1948

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

MOTHER FATHER

C A S H
STATE

Body not Embalmed

RECEIVED
District Health Office
District File Number 648-
Date Filed 6-7-68

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.....

P. O. Address.....

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.