

No. 2  
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X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22622

State File No. \_\_\_\_\_

Registration District No. 11

Primary Registration District No. 3016

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri State Penitentiary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Mo. 6 days  
(Specify whether years, months or days)  
In this community 19 yr. 1 mo. 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. no str. add.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT

FULL NAME Joe Smith  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month June day 25  
year 1948 hour 7:18 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 29 1948  
to June 25, 1948  
that I last saw him alive on June 25, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 9 1898  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
49 6 16 hr. min.

Due to arter. Sclerotic  
status myelitis  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Painter

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unk.

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

14. Maiden name Unk.

15. Birthplace Unk.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant No. State Prison Hosp, Records  
(b) Address Jefferson City, Missouri

17. (a) Removal (b) Date thereof 6-28-48  
(If full cremation, removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Thorpe Gordon Funeral Home

18. (a) Signature of funeral director Thorpe Gordon  
(b) Address Jefferson City, Missouri

19. (a) 6-26-48 (b) R.P. Davis, MD  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature W. J. M. Smith, MD (Date signed) 6-25-48  
Address Jefferson City, Mo

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUL 15 1948

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 Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City, 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.