

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1948

State File No. _____

Registration District No. 23

Primary Registration District No. 3007

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Paplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 842 Cedar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 81 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Paplar Bluff, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 842 Cedar St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George E. Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 3:25 minute 9 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Viola Parch Smith

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

7. Birth date of deceased: May 10, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 13 Sept, 1948, to 26 Sept, 1948, that I last saw him alive on 25 Sept, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 4 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Terminal pneumonia.

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

Due to Following chest injury due to falls

10. Usual occupation _____

Other conditions arteriosclerosis, chronic subvolar chest injury
(Include pregnancy within 3 months of death)

11. Industry or business Retired Farmer

12. Name John Smith

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

14. Maiden name Martha Glass

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

Major findings: Of operations _____

Of autopsy A 2 F

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Geo. Glassman

(b) Address Paplar Bluff, Mo.

17. (a) Burial (b) Date thereof Sept 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black River - Butler Co., Mo.

18. (a) Signature of funeral director Frank Cotrell

(b) Address Paplar Bluff, Mo.

19. (a) 9-30-48 (b) [Signature]
(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? D

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. number) _____

Address Paplar Bluff, Mo. Date signed 29 Sept 48

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

273

RECEIVED

District Health Office No. 2,

District File Number 1248-1255

Date Filed 10-1-48

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.....

John M. Davis

Registered Apprentice No. 249

working under my personal supervision.

Signed.....

Scott A. Caldwell

Licensed Embalmer No. 3567

P. O. Address..... Poplar Bluff, 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.