. No. 2
—1/47
5-17-39

13

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1948

Registration District No. 339

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35345

Primary Registration District No. 6149

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town "Rural" Duck Creek twsp
(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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Duck Creek Twsp 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Cecil Smith
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Smith
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. (Month) 18 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	2	..... hr. ..... min.

9. Birthplace not Known (City, town, or county) 4 (State or foreign country)
10. Usual occupation Farmer 1
11. Industry or business .....
FATHER
12. Name not Known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs Mattie Smith
(b) Address Mingo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Cemetery
18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo
19. (a) 10-16-48 (Date received local registrar) (b) Floyd Morgan (Registrar's signature) 358

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1948 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 6, 1948, to Oct 11, 1948;
that I last saw him alive on June 26, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place) 7
While at work? ..... (e) Means of injury .....
23. Signature V H Skillman (M.D. or other) DO
Address Puxico Mo Date signed 10/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1148-1484
Date Filed 11-3-48

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 Ira E. Meadows, Registered Apprentice No. 250, working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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.