

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37809**
Registrar's No. **349**

Registration District No. **316**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Rural, St. Francois**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Imp.**

(If not in hospital or institution, write street number or location) **1**

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

In this community **years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Henry C. Smith**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **29th** day **Oct**
year **1948** hour **1** minute **15 P.M.**

4. Sex **MO** 5. Color or race **W**

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

6. (b) Name of husband or wife **Myrtle Smith**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased: **Dec 31** (Month) **1897** (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 29**, 19**48**, to **Oct 29**, 19**48**
that I last saw him alive on **Oct 29**, 19**48**,
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 52 | 9 | 28 | hr. _____ min. _____ |

Immediate cause of death **Coronary Heart disease**

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **AHC**

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

10. Usual occupation **Miner**

11. Industry or business **St. Joseph Lead Co.**

MOTHER } 12. Name **Jackson Smith**

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

14. Maiden name **Margaret Pitt**

15. Birthplace **Morganfield, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Smith**

(b) Address **near Pater, Mo**

17. (a) **Burial** (b) Date thereof **10-31-48**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview Cemetery**

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? _____

18. (a) Signature of funeral director **Calldwell Bros**

(b) Address **Flat R, R, Mo**

19. (a) **11-10-48** (b) **Clair Rudolph**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury _____

23. Signature **C. H. Appleberry** (M. D. or other) **M.D.**
Address **7th St, R, Mo** Date signed **11-5-48**

RECEIVED

District Health Officer No. 4
District File Number 1148-1416
Date Filed 11-15-48

NOV 17 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

W. A. Caldwell

Licensed Embalmer No.

3317

P. O. Address

Flat River 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.