

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41003

BIRTH NO. 273 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Central Township		c. LENGTH OF STAY (In this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) Perryville		79
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville, R.4.			d. STREET ADDRESS (If rural, give location) R.F.D. #4.		
3. NAME OF DECEASED (Type or Print) a. (First) Edward		b. (Middle) John	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1948.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 6, 1887	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (State or foreign country) Perry County, Mo. 94		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Josephine Lukefahr.	14. NAME OF HUSBAND OR WIFE Viola Mattingly.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Floyd Hurst, Ste. Genevieve, Mo. ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 740	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Myelogenous Chronic. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None. DUE TO (c) None. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 15, 1948, to Dec 21, 1948, that I last saw the deceased alive on Dec 20, 1948, and that death occurred at 10 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Ed Carron (Degree or title)			23b. ADDRESS Perryville Mo		23c. DATE SIGNED Dec 22, 1948
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24, 1948	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Mo.		
DATE REC'D BY LOCAL REG. 12-22-48	REGISTRAR'S SIGNATURE Jos J. Gallman 250		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey		

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4  
File Number 149-19  
1-3-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Bey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Ferryville, 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.