

Suppl 1945
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Pennine
(b) City or town Rural Little Prairie Mo
(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 2
In this community 4 years (Specify whether years, months or days) Ear

3. (a) PRINT FULL NAME Frank Eugene Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 24 1917
(Month) (Day) (Year)

8. AGE: Years 22 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Joe Gd. Smith
13. Birthplace Bellevue Springs Tenn
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ellie Wilson
15. Birthplace Bellevue Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed Smith
(b) Address Caruthersville, Mo

17. (a) Rural (b) Date thereof Feb. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director De Forge and Co
(b) Address Caruthersville, Mo

19. (a) Feb. 12, 1940 (b) Eda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennine
(c) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 1, Caruthersville, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1940 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1939 to Dec. 16, 1939.
that I last saw him alive on Dec. 16, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Scurvy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 P. J. Agius (M. D. or other) ✓
Address Caruthersville, Mo Date signed 2-3-40

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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3-40-20

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.