

No. 2
-13-40
17-39
X23159

FILED SEP 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29829

State File No. _____

Registration District No. 878 Primary Registration District No. 5762 6067 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 35 Years
In this community 35 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Commerce--Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Harry Albert Smith 530
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12th
year 1940 hour 4 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive xx years
7. Birth date of deceased: January 7, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 7 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death: Accidental Drowning while swimming in Mississippi River near Commerce Missouri
Due to _____

9. Birthplace Olive Branch Illinois
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence August 12, 1940
(c) Where did injury occur? Near Commerce Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER { 12. Name C. R. Smith
13. Birthplace Zalma, Mo
14. Maiden name Virginia Walker
15. Birthplace Toledo, Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 103
Major findings: Of operations 26
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. R. Smith
(b) Address Illmo, Mo R#1
17. (a) Burial (b) Date thereof 8 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lightner Cem. Illmo
18. (a) Signature of funeral director Braslinghoff + Hubbard
(b) Address Illmo, Mo
19. (a) 8-14-40 (b) J. J. Vernon
(Date received local registrar) (Registrar's signature)

23. Signature John F. Tunnelle (S. D. or other) X
Address Charleston Mo Date signed 8-12-40

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

RECEIVED

District Health Officer No 2

District File Number 940-1379

Date Filed 9/3/40

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.