

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43550  
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 698

(b) Township Marshall Primary Registration District No. 5927

(c) City Satan (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWIN S. SMOOTS

(a) Residence, No. Satan, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farm Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Mrs. Satterfield Satan Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Satan DATE Dec 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. Vaughn Weston Mo

20. FILED 12/5 1940 J. H. Brill Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1940, to Dec 3 1940

I last saw him alive on Dec 2 1940. Death is said to have occurred on the date stated above, at 3 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Endocarditis, chronic

Date of onset Dec 1

Other contributory causes of importance: Atherosclerosis of aorta

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) J. J. Bell M. D.  
628 (Address) Weston

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**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 By me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. R. Vaughan

Licensed Embalmer No. 4023

P. O. Address Weston, 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, above space should be left blank.**