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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. 653

Primary Registration District No. 5871

Registrar's No. 23

1. PLACE OF DEATH: Pemiscot  
 (a) County \_\_\_\_\_  
 (b) City or town Braggadocio (Rural) Braggadocio  
 (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 \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Infant Smith  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. none

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3- (Month) 11- (Day) 1941 (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 6 hr. \_\_\_\_\_ min.

9. Birthplace Braggadocio (City, town, or county) mo (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Will Smith  
 13. Birthplace Tenn (City, town, or county) (State or foreign country)  
 14. Maiden name Lillie Morgan  
 15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Will Smith  
 (b) Address Braggadocio, mo

17. (a) Burial (b) Date thereof 3-12-41  
 (Serial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt zain

18. (a) Signature of funeral director German Smith Co  
 (b) Address St Louis, mo

19. (a) 3/12/41 (b) Dearl Kelley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Pemiscot  
 (c) City or town Braggadocio (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11  
 year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
heart Duration \_\_\_\_\_

Due to 159

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

946 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Julia H. Moore (M. D. or other) \_\_\_\_\_

Address Baye, Mo Date signed 3/11/41

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

4-41-15

**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, fact should be so stated above.**