DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17967

Registration District No. 375 Primary Registration District No. 5522 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Holt

(b) ~~City or town~~ Rural, (Hickory) Tow

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt

(c) City or town Rural.

(If outside city or town limits, write "RURAL")

(d) Street No. Hickory

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elijah William Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Praismator

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Jan (Month) 23 (Day) 1864 (Year)

8. AGE: Years 77 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Vernon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name E W Smith
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann K Dunigan.
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Smith

(b) Address Mound City Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 19 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Point, Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Mound City Mo.

19. (a) May 19 1941 (Date received local registrar) (b) Edith Lent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month May day ~~18~~ 17 year 1941 hour 4 minute 3 M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to May ~~18~~ 18, 1941; that I last saw him alive on May ~~18~~ 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Duration

Due to

Due to

Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death) 3 mo ago.

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? 336 (Specify type of place)

While at work? (e) Means of injury

23. Signature E. M. Lindley (M. D. or other) M.D.

Address Graham Mo. Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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. 1824

P. O. Address. Monroe City 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.