No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 2 7 5

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5942

State File No. 41605

Registrar's No. 133

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

1. PLACE OF DEATH

(a) County: Phelps

(b) City or town: Rural - RFD #2 Jerome
(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 years, months or days)

In this community: 51 - Years - 5 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Phelps 81

(c) City or town: Rolla 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. #2 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: N

3. (a) PRINT FULL NAME: Alexander Smith

3. (b) If veteran, name war: —

3. (c) Social Security No. 495-12-1736

4. Sex: M O

5. Color or race: W

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

6. (b) Name of husband or wife: Emma Birdsong Smith

6. (c) Age of ~~husband~~ or wife if alive: 46 years

7. Birth date of deceased: June (Month) 26 (Day) - 1891 (Year)

8. AGE: Years 51 | Months 5 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace: Gascanade Co (City, town, or county) MO (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Ike Smith
13. Birthplace: Gascanade Co (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: Missouri M. Rodgers
15. Birthplace: Gascanade Co (City, town, or county) MO (State or foreign country)

16. (a) Informant: Mrs Emma Smith

(b) Address: RFD #2 Rolla, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Reach Cemetery

18. (a) Signature of funeral director: Alfred B. Smith

(b) Address: Rolla, Mo

19. (a) 12-22-42 (Date received local registrar) (b) [signature] (Registrar's signature)

11042 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1942 hour after 1 PM minute ___ 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: Intoxication and Exposure

Due to:

Due to: V

Other conditions (Include pregnancy within 3 months of death): N/A

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? No (e) Means of injury:

23. Signature: R. S. Hull Coroner (M. D. or other)

Address: Rolla Mo Date signed: 12/21/42

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. 3643

P. O. Address Cuba, Mo.

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

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