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28872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1943

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Risco
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1.
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Risco Mo
(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. 0 years.

3. (a) PRINT FULL NAME Jerry Mae Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1, 1943 to July 6, 1943 that I last saw he alive on July 6, 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Dec 7 1940
(Month) (Day) (Year)

Immediate cause of death Her colts Duration _____

8. AGE: Years Months Days If less than one day

2 8 _____ hr. min.

Due to _____

Due to _____

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

Other conditions Whooping cough
(Include pregnancy within 3 months of death)

10. Usual occupation nil

11. Industry or business nil

Major findings: Of operations 9 Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Orville Smith

13. Birthplace East Prairie Mo
(City, town, or county) (State or foreign country)

14. Maiden name Aurande Lee

15. Birthplace Bloomington Ind
(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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Parma Smith (M. D. or other) _____
Address Parma Mo Date signed 7/6/43

16. (a) Informant Orville Smith

(b) Address Risco Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director T. C. Knight

(b) Address Parma Mo

19. (a) Aug 5 1943 (Date received local registrar) (b) Mrs. S. B. Rademaker (Registrar's signature)

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

002

RECEIVED

District Health Office No. 2,

District File Number 842-1042

Date Filed 2-13-43

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.