

S. No. 2
JM-2-43
5-17-39
P-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44000**

FILED JAN 10 1944 **238**

Registration District No. **238**

Primary Registration District No. **6148**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stoddard**

(b) City or town **Bell City Rural**
(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 _____
In this community _____ **Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stoddard**

(c) City or town **Bell City Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Wilford E. 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 **Single**

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

7. Birth date of deceased **June 2 1910**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **3rd**
year **1948** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Walked in front of train on Cotton Belt Railroad - Injury to head**

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

33 **6** **1** _____ hr. _____ min.

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

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER { 12. Name **James A. Smith**

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

14. Maiden name **Eva Snowden**
(City, town, or county) (State or foreign country)

15. Birthplace **Kentucky**
(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) **10-3**

(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?

16. (a) Informant **Freda Eggers**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **12-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Grove**

18. (a) Signature of funeral director **Chiles Und, Co.**

(b) Address **Bloomfield, Mo.**

19. (a) **12-5-1948** (b) **Pearl E. Moore**
(Date received local registrar) (Registrar's signature)

23. Signatur **Pearl E. Moore**

Address **Bloomfield, Mo.** Date signed **12/4/48**

While at work? _____ (Specify type of place)

(e) Means of injury _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

15
11

RECEIVED

District Health Office No. 2,

District File Number 143-48

Date Filed 1-7-43

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..... *Dean C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.

The testimony at the inquest showed that this man walked up near the railroad track, stood and watched a freight train approaching from the south and when the train was near him, stepped into the middle of the rail road track, turned his back to the on-coming train and was standing in that position when hit by the train.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural
(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 Wilford E. Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 2
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 16 (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1943 day _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Walked in front of train on Form Belt R. R.

Due to jury verdict

Other conditions (Include pregnancy with or without death)
Major findings (e.g., operation)

22. Death was due to (a) cause and in the following (b) _____ (c) _____ (d) _____
(Accident, safety, homicide (specify))

(b) State of occurrence _____ (c) Where did injury occur? _____ (d) Did injury occur in or about home, on farm, in industrial place, or public place?
While at work? _____ (Specify type of work) (e) Means of injury _____

23. Signature Paul Hearn Address Bloomfield, Mo. Date signed _____

SUPPLEMENTARY

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

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