S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1944

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 58235830

State File No. 11599

Registrar's No. 13

1. PLACE OF DEATH:

(a) County New Madrid Co

(b) City or town Rural west TWP
(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 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Alabama (b) County Marion 1

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

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

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

If yes, name country 2

3. (a) PRINT FULL NAME Ruben Doyle Smith

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife /

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

7. Birth date of deceased 6 (Month) 25 (Day) 1943 (Year)

8. AGE: Years 8 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Winfield (City, town, or county) Ala. (State or foreign country) /

10. Usual occupation

11. Industry or business

FATHER
12. Name Thomas Washington Smith
13. Birthplace Winfield (City, town, or county) Ala. (State or foreign country) /

MOTHER
14. Maiden name Emma Lee Causey
15. Birthplace Fayette Co. (City, town, or county) Ala. (State or foreign country) /

16. (a) Informant T.W.Smith

(b) Address Sikeston Mo.R.F.D.# 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/44 (Month) (Day) (Year)

(c) Place: burial or cremation Winfield Alabama

18. (a) Signature of funeral director H.W.Albritton

(b) Address Sikeston Mo.

19. (a) 3-5-44 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1944 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 2-13-44, 19, to 2-14-44, 19;
that I last saw h alive on 2-13-44, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? (e) Means of injury

23. Signature H.M. Smith (M. D. or other)

Address Sikeston Mo. Date signed 2-14-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-496
Date Filed 3-14-44

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

Cavity Embalming, Registered Apprentice No.

working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.