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

3864

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6913

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 46

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

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

(d) Street No. 319 West Liberty
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES R. GOLDSMITH

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January (Month) 31, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	11	25	hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Rubin Goldsmith
13. Birthplace Dent County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Alice Slayton
15. Birthplace Sedalia (?) (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hospt. Cem., Farmington, Mo.

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River, Missouri

19. (a) Feb. 6, 1946 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1946 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from January 23, 1946, 19__, to January 26, 1946, 19__; that I last saw him alive on January 26, 1946, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	6 yrs
Due to	
Due to General Paralysis of the Insane	
Other conditions (Include pregnancy within 3 months of death)	6 yrs
Major findings: Of operations	
Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Ernest Hodge (M. D. or other)

Address Farmington Mo. Date signed 1/26/46

229 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 346-1842
Date Filed 3-11-46

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat Run M

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.