

7. S. No. 2
FORM-2-43
Rev. 5-17-39
I X35807

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16206

State File No. _____

FILED JUN 12 1946

Registration District No. 101

Primary Registration District No. 5406

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Seymour Rural Lincoln
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Seymour Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter H. Smith

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude McLain Smith 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 3, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	8	9	hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Isaac Smith

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

14. Maiden name Rebecca White

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

16. (a) Informant Maude Smith

(b) Address R. 4 Seymour, Mo

17. (a) Burial (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denlow

18. (a) Signature of funeral director Clinkingbeard Funeral Ho

(b) Address Ava, Missouri

19. (a) May 22-46 (b) Vestile Bushman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Sept
1945, to April, 1946
that I last saw him alive on April 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Due to Coronary thrombosis
Due to Chronic Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy gpa

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? _____

23. Signature M. C. Bentley
Address Rosa Date signed 4-20-46

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

15036

34
0
0

RECEIVED

District Health Officer No. 6,

District File Number 646-652

Date Filed JUN 10 1946

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 W.B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ada 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.