

U.S. No. 2
OM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16851

Registration District No. 149 Primary Registration District No. 10.02 State File No. _____ Registrar's No. 2307

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community approx 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Keokuk
(If outside city or town limits, write "RURAL")
(d) Street No. 3644 Front
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Smith
3. (b) If veteran, name war no 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20th year 1946 hour _____ minute _____
21. I hereby certify that I attended the deceased from May 18 1946 to May 20 1946
that I last saw him alive on May 20 1946 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 m
6. (b) Name of husband or wife Bella Smith 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death rupture of the ascending aorta
Due to dissecting aneurysm
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy dissecting aneurysm & rupture of aorta

8. AGE: Years Months Days If less than one day
approx 60 X X hr. 6 min.
9. Birthplace Russia (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 _____

10. Usual occupation _____
11. Industry or business plumbing & heating business
12. Name Paul Smith
13. Birthplace Russia (State or foreign country)
14. Maiden name unknown
15. Birthplace Russia (State or foreign country)

16. (a) Informant Mrs Bella Smith
(b) Address 3644 Front
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel

23. Signature L M Slifson (M. D. or other) M.D.
Address 150 Prof Bldg Date signed 5-21-46

18. (a) Signature of funeral director H. Tugiman & Son
(b) Address 15 E. 1st
19. (a) 5-23-46 (Date received local registrar) (b) Meraldine Holmes (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

15733

NOV 9 1953

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..... *B. A. Legan*

Licensed Embalmer No..... *3979*

P. O. Address..... *KC. 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. :