S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1946

State File No. 17777

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 79

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

16657

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCormick hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1302 Myra 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Jasper 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 widowed

6. (b) Name of husband or wife Mattie Smith

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

7. Birth date of deceased May (Month) 9 (Day) 1863 (Year)

8. AGE: Years 82 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation retired (gen. laborer)

11. Industry or business

FATHER
12. Name Anderson Smith
13. Birthplace Bynumville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minerva Taylor
15. Birthplace Thomas Hill (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rev. L.B. Owens

(b) Address Hubbard, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Caramel Cemetery

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville, Mo.

19. (a) Apr 2-46 (Date received local registrar) (b) Leah Ehlmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1946 hour 9 minute 10 a.m.

21. I hereby certify that I attended the deceased from 2-24, 1946 to 3-6, 1946 that I last saw him alive on 3-6-46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93

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 W. H. McCormick D.D. (M.D. or other) 2

Address 300½ Reed St. Moberly, Mo. Date signed 3-6-46

264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-950
Date Filed MAY 23 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tex.

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.