

U. S. No. 2  
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Rev. 5-17-39  
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39916

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
4099

State File No. ....

FILED DEC 17 1946

Registration District No. .... Primary Registration District No. .... Registrar's No. 175

1. PLACE OF DEATH: Cass  
(a) County Pleasant Hill, Mo.  
(b) City or town Pleasant Hill, Mo.  
(c) Name of hospital or institution: 214 Sputh Randolph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 1 day (Specify whether in hospital or institution)  
In this community 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Okla. (b) County Sequoyah  
(c) City or town Salsaw (If outside city or town limits, write "RURAL")  
(d) Street No. unknown (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Francis Marion Smith  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 4 year 1946 hour 7 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Dead on arrival  
Treated in last year for Congestive Heart failure 19 .....

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Martha Crider 6. (c) Age of husband or wife if alive 80  
7. Birth date of deceased Feb. 13 1867  
(Month) (Day) (Year)

that I last saw h. alive on 19 .....

8. AGE: Years 81 Months 9 Days 21  
If less than one day hr. min.

Immediate cause of death Congestive heart failure Duration  
Due to senility  
Due to .....

9. Birthplace Cuba, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations GBE  
Of autopsy .....

11. Industry or business  
12. Name James Smith  
13. Birthplace Cuba, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Nancy ?  
15. Birthplace ? (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Mrs Joe Carroll  
(b) Address Pleasant Hill, Mo.  
17. (a) Burial (b) Date thereof 12-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill

While at work? (Specify type of place) (c) Means of injury. 2  
23. Signature Gerald Zander (M. D. or other) Do.  
Address Pleasant Hill, Mo. Date signed 12/11/46

18. (a) Signature of funeral director Allen Brownfield  
(b) Address Pleasant Hill, Mo.  
19. (a) 12-9-1946 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

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

**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.....

*By me 12-4-46*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Allen Greenfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill, 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.**