

FILED JAN 20 1947
Registration District No. **306**

Primary Registration District No. **6048**

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

1. PLACE OF DEATH: **St. Charles**

(a) County **St. Charles**

(b) City or town **O'Fallon, Mo.**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles** **92**

(c) City or town **Rural-O'Fallon, Mo.**

(d) Street No. **Route #2-** (If rural, give location) **0**

(e) Citizen of foreign country? **-- NO** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Charles Flavel Smith**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30th** year **1946** hour **11** minute **P.** M.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mary Smith**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **March 6th 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **on 12/31/46** ~~xxxxxxx~~ held inquest

that I last saw him **alive on** _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **9** Days **23** If less than one day hr. _____ min. _____

Immediate cause of death **coronary thrombosis**

Due to _____

Due to _____

9. Birthplace **Carmi, Ill.**
(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 _____

Of autopsy **none**

11. Industry or business **farm**

12. Name **James Martin Smith**

13. Birthplace **Carmi, Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **NOT KNOWN**

15. Birthplace **NOT KNOWN**
(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) _____

(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? _____

16. (a) Informant **Daughter- Amy Wells**

(b) Address **438 N. Sarah, St. Louis**

17. (a) **REMOVAL** (b) Date thereof **12 31 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARAGONIA ILL.**

18. (a) Signature of funeral director **Eak with**

(b) Address **O'Fallon Mo**

19. (a) **Dec 31 - 46** (b) **E. A. Richey**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **3**

23. Signature **Monty Williams** (M.D. or other) **3**

Address **Monty Williams** Date signed **12 31 46**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 15 1947

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..... *E. A. Keithly*

Licensed Embalmer No..... *822*

P. O. Address..... *Fallon 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.