S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3884

Primary Registration District No. 5073

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Rural Northfork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mile northwest of Jasper
(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)
In this community: 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 mile northwest of Jasper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Francis Edgar Smith
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: 500-01-3347
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Beulah Smith
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Sept. (Month) 24 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	0	____ hr. ____ min.

9. Birthplace: Greenfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Same

FATHER
12. Name: A.M.Smith
13. Birthplace: Hamilton Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Nancy Wydick
15. Birthplace: Macon Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Mrs. Beulah Smith
(b) Address: Jasper Mo. R.R.3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Waters Cem.
18. (a) Signature of funeral director: Chas.J.Teeter
(b) Address: Jasper Mo.
19. (a) FEB 24 1947 (Date received local registrar) (b) Marie Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 8th 1947, to Feb 24th 1947; that I last saw him alive on Feb. 23d 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver and Kidney
Due to: (The above is the report from Veterans' hospital at
Due to: Fayetteville, Arkansas.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: 52 A
Of autopsy

Duration

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: J. Darwin Magee (M. D. or other) D.O.
Address: Jasper, Mo. Date signed 2-24-47

14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 347-299
Date Filed MAR 10 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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, 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.