

3. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 5 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18320

State File No. \_\_\_\_\_

Registration District No. 272

Primary Registration District No. 3908

Registrar's No. 97

**1. PLACE OF DEATH:**

(a) County Pemscot  
 (b) City or town Hermondale  
 (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)  
 In this community all of life years, months or days

**3. (a) PRINT FULL NAME** W.T. Smith  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 2. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 14 1947  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
0 3 22 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hermondale Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Walter Phillips  
 15. Birthplace Norville Miss  
 (City, town, or county) (State or foreign country)

16. (a) Informant Clark Smith  
 (b) Address Hermondale MO

17. (a) Burial (b) Date thereof 5-7-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) 5-21-47 (b) Ed. Newman  
 (Date received local registrar) (Registrar's signature) 214

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemscot 78  
 (c) City or town Hermondale  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month may day 6  
 year 1947 hour 10 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 5 1947 to May 6 1947  
 that I last saw him alive on May 6 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia  
 Due to whooping cough  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 2

23. Signature Julius Lund (M. D. or other) DO  
 Address St. Louis Date signed 5/7/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6-47-180

State

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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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. *Not Embalmed*