S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1947

Registration District No. 5347

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23197

Primary Registration District No. 6223

Registrar's No.

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town R.1 ELDORADO SPRINGS MO.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution
In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON 108

(c) City or town R.1 ELDORADO SPRINGS, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES K. 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 MARRIED

6. (b) Name of husband or wife MRS. ROSE SMITH

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased SEPT (Month) 17 (Day) 1878 (Year)

8. AGE: Years 68 Months 9 Days 1 If less than one day hr. min.

9. Birthplace JAMISON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

FATHER
12. Name SIMON W. SMITH
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BRINGTON
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROSE SMITH
(b) Address R.1, El Dorado Springs, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. VERNON

18. (a) Signature of funeral director Irwin Carthers
(b) Address El Dorado Springs, Mo.

19. (a) June 20 1947 (Date received local registrar) (b) Mrs. Ruth Huth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18 year 1947 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from 9 JUNE 1947, to 16 JUNE 1947, that I last saw him alive on 16 JUNE 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death RESPIRATORY FAILURE	
Due to INTRA CRANIAL HAEMMORRHAGE	9 DAYS
Due to HYPERTENSION	YEARS
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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 Irwin L. Carthers (M.D. or other) M.D.
Address El Dorado Springs, Mo. Date signed 19 Jun 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 5-47-743
Date Filed 6-23-47

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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs, M

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.