

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

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. 201

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000

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

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: K. C. O. S. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 hours  
(Specify whether years, months or days)  
 In this community 4 hours

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 500 W. Pierce  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME.** Billy Dee Smith  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 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 July 1947  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hr. \_\_\_\_\_ min.

9. Birthplace Kirksville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

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

**MOTHER FATHER**  
 12. Name Edwin D. Smith  
 13. Birthplace Adair County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Helen Virginia Logston  
 15. Birthplace Worthington, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin D. Smith  
 (b) Address Kirksville, Mo

17. (a) Burial \_\_\_\_\_ (b) Date thereof 7/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ringo Point Cmt.

18. (a) Signature of funeral director D. E. Riley  
 (b) Address Kirksville, Missouri

19. (a) 7-29-47 (b) Rate Lambert  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 16  
 year 1947 hour 3:00 minute \_\_\_\_\_ P: \_\_\_\_\_ M.

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

Immediate cause of death Infant delay age of viability  
 Signature \_\_\_\_\_  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

**PHYSICIAN**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature G. W. Taylor (M. D. or other) D. D.  
 Address Kirksville, Mo Date signed 7-23-47

RECEIVED  
District Health Officer No. 10  
District File Number 8-47-978  
Date Filed AUG - 4 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.....

.....Kenneth Slavens....., Registered Apprentice No. 418  
working under my personal supervision.

Signed.....D. E. Riley.....  
Licensed Embalmer No. 4181

P. O. Address.....Kirkville, Missouri.....

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.