S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1947

Registration District No. 2 3 6

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28517

Primary Registration District No. 4 3 8 8

Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Benton
(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 (years, months or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage 76
(c) City or town: Chamois Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — yes (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Henry Smith
3. (b) If veteran, name war: —
3. (c) Social Security No. —

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Floene Smith
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: June (Month) 3 (Day) 1903 (Year)

8. AGE: Years 43 | Months 6 | Days 15 | If less than one day: 6 hr. 30 min.

9. Birthplace: Frankenstine Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Labor
11. Industry or business: ____

FATHER
12. Name: Felix Smith 0
13. Birthplace: Frankenstine Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Kate Rosingfeld
15. Birthplace: Frankenstine Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Kate Smith
(b) Address: Chamois, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8, 20, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemetery
18. (c) Signature of funeral director: Otto T Stocksick
(b) Address: Chamois, Mo
19. (a) 8-20-47 (Date received local registrar) (b) Esther Lesieder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 18 year: 1947 hour: 6 minute: 30 A.M.

21. I hereby certify that I attended the deceased from 8/15/47, 19__ to 8/18/47, 19__; that I last saw him alive on 8/15/47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Due to: Fatty degeneration of heart
Due to: Chronic alcoholism (liver tumors)
Other conditions (Include pregnancy within 3 months of death): 93P
Major findings:
Of operations: ____
Of autopsy: Fatty degeneration of heart, Pneumonia, right lobe, Passive congestion of multiple organs

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: 2

23. Signature: L. E. Coffer D.O. (M.D. or other)
Address: Chamois, Mo Date signed: 8/20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number AUG 28 1947
Date Filed

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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.