

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 12 1947

Registration District No. 369

Primary Registration District No. 4535

Registrar's No. 25-

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne

(c) City or town Piedmont
(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 _____

3. (a) PRINT FULL NAME George Washington Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th
year 1947 hour 11 minute 30 P.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty Black Smith

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

7. Birth date of deceased April 8 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Aug. 29, 1947
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death: Chronic nephritis & cystitis 2 yrs.

Duration _____

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

Due to _____

Due to _____

10. Usual occupation Retired Rail Road Clerk

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Jessie Smith (Son)

(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof Sept. 1, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonia Cem. Piedmont

18. (a) Signature of funeral director William Godwin

(b) Address Piedmont, Mo.

19. (a) Oct. 13 - 1947 (b) Essie E. Piles
(Date received local registrar) (Registrar's signature)

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 Dr. James M. D. (M. D. or other) _____

Address Piedmont, Mo. Date signed 9-10-47

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

Officer No. 4
District File Number 1147-141
Date filed 11-10-47

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.....

Coder Funeral Home, Registered Apprentice No.....
working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. NovRegistrar's No. 25Registration District No. 369Primary Registration District No. 4538

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(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)3. (a) PRINT
FULL NAME George W. Smith3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex m 5. Color or race w 6. (a) Single, widowed, married,
divorced m6. (b) Name of husband or wife..... 6. (c) Age of husband or wife
at date of death.....7. Birth date of deceased April 88. AGE: 75 Years Months Days (less than one day)
hr. min.9. Birthplace mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address

19. (a) (b) (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")(d) Street No.....
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov
year 1947 hour 12 minute 19 M.21. I hereby certify that I attended the deceased from.....
to....., 19.....

that I last saw him/her alive on....., 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTAL

S-36903