

S. No. 2
M-9-4-41
5-17-39
1 (2)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17720

MAY 24 1943 93

Registration District No.

Primary Registration District No.

4154

State File No.

Registrar's No.

76.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield
(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 8 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Wicks
(d) Street No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Leslie S. 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 Mary E. Smith 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased. Aug 14 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 8 If less than one day
hr. min.

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

10. Usual occupation Physician

11. Industry or business

MOTHER FATHER

12. Name unknown
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mrs. Inman, daughter
(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof Apr 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wicks Mo

18. (a) Signature of funeral director P. R. & R. R. R. R.
(b) Address Ruby Hill Mo.

19. (a) 4-22-43 (b) Phyllis Lack
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 04 day 22
year 43 hour 10 minute 30 M.
21: I hereby certify that I attended the deceased from 3-1-43
to 4-22-43, 1943
that I last saw him alive on 4-16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Semipathy

Due to.
Due to.
Other conditions (Include pregnancy within 3 months of death) 16 28

Major findings: Of operations.
Of autopsy.

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?

While at work (Specify type of place) (c) Means of injury.
23. Signature H. L. Cowan (M. D. or other)
Address Greenfield Date signed 4-22-43

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

19
0

10 82

RECEIVED

District Health Officer No. 6,

District File Number 543-638

Date Filed MAY 20 1943

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John R. Reavley
.....
Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.