

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. **4800**
Registrar's No. **63**

Registration District No. **47** Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Princeton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28-10-9 (Specify whether
 In this community 28y-10M-9d (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Louis F. 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 Emma Smith **6. (c) Age of husband or wife if**
 alive 72 years
7. Birth date of deceased. Mar. 28 1886
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>79</u>	<u>10</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace California, Mo (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Frederick Smith
13. Birthplace Mo. (State or foreign country)
14. Maiden name Barbara Eider
15. Birthplace BK (State or foreign country)

16. (a) Informant A. W. Smith
(b) Address Depue, Mo.
17. (a) Removal (Burial, cremation, or removal) **(b) Date thereof** 2-2-1946
 (Month) (Day) (Year)
(c) Place: burial or cremation Jamestown, Mo.

18. (a) Signature of funeral director Jameson
(b) Address Chas Hallrich, Jamestown, Mo.
19. (a) 2-2-1946 (Date received local registrar) **(b) Josie Mouskoff** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery
 (c) City or town Sandy Hook
 (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 Feb day 25
 year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-10 1942 to 2-2-1946
 that I last saw him alive on 2-2-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Bronchial Pneumonia</u>	<u>5</u>
Due to <u>Generalized arteriosclerosis</u>	<u>YRS</u>
Due to <u>Chronic myocarditis</u>	
Other conditions <u>Deceased</u> (Include pregnancy within 3 months of death)	

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy None 93d

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 _____
 Signature J. B. Stokes (M. D. or other) M.D.
 Address Depue Date signed 2-2-46

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-7-46

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 HC Friedman

Licensed Embalmer No. 2854

P. O. Address California 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.