

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15965
Registrar's No. _____

AY - 3 1940 779
Registration District No. 779

Primary Registration District No. 60240

1. PLACE OF DEATH:
(a) County, St. Francois's
(b) City or town, Desloge
(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
8. (a) PRINT FULL NAME Ervin W. Smith
3. (b) If veteran, name war _____ 8. (c) Social Security No. 492-16-6976

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Snider 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 18 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation W. P. A.

11. Industry or business _____

12. Name Walter Smith

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

14. Maiden name Ferna Hall

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

16. (a) Informant's own signature Mrs. E. W. Smith

(b) Address Desloge Missouri

17. (a) Burial (b) Date thereof Apr 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herod Cemetery

18. (a) Signature of funeral director C. J. Bayer

(b) Address Desloge Missouri

19. (a) 5-9-40 (b) W. B. Blackworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th
year 1940 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 40, 1940, to April 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Sabrous Coronary artery Duration 1 hr
Due to myocarditis chr
arteriosclerosis general

Other conditions _____ (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____

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? 700

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature N. P. Goehle (M. D. or other) _____
Address Desloge Date signed 4-28-40

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

C. J. Boyer

Licensed Embalmer No.....

1671

P. O. Address.....

Desloge,

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, above space should be left blank.