

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38365**
Registrar's No. **250**

FILED DEC 1943
Registration District No. **77**

Primary Registration District No. **5303**

1. PLACE OF DEATH:
(a) County **Cole**
(b) City or town **Jefferson City**
(c) Name of hospital or institution:
6 miles west of city on Bonville Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 yrs.** (Specify whether years, months or days)
In this community **50 yrs.**

3. (a) PRINT FULL NAME **Sidney Bertram Smith**
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive **1877** years
7. Birth date of deceased **Jan 26 1877** (Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **26** If less than one day hr. min.

9. Birthplace **Boone County Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business
12. Name **E. C. Smith**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Vivita Purcell**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mattie Smith**
(b) Address **Rt. 1 - Jefferson City**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-25-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Smith Cemetery**
18. (a) Signature of funeral director **James Smith**
(b) Address **700 Jefferson**
19. (a) **11-24-43** (Date received local registrar) (b) **Pharma Richter** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cole**
(c) City or town **Jefferson City** (If outside city or town limits, write "RURAL")
(d) Street No. **Rt. 1** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **23** year **1943** hour **8:00** minute **A** M.

21. I hereby certify that I attended the deceased from **11/23/43** to **11/23/43** that I last saw him alive on **Nov. 1, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Central Hemorrhage**
Interocularis

Due to **Interocularis**

Other conditions **hypertension** (Include pregnancy within 3 months of death)

Major findings: Of operations **9221**
Of autopsy **9221**

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 **10**
23. Signature **James Smith** (M. D. or other) **11/23**
Address **626 Jefferson** Date signed **11/23**

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

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

L. V. Anderson

Licensed Embalmer No.

3641

P. O. Address

June

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.