S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6707

Registration District No. 164 Primary Registration District No. 3022 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 112 E. North St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 112 E. North St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles Chatman Smith
3. (b) If veteran, name war no.
3. (c) Social Security No. 493-12-8184

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie G. Smith
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan. (Month) 7 (Day) 1885 (Year)

8. AGE: Years 58 Months 0 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Commodity Clerk.
11. Industry or business ____
FATHER
12. Name Thos. Lee Smith
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Lucia Head
15. Birthplace Unknown (City, town, or county) N. C. (State or foreign country)
16. (a) Informant Mrs Maggie G. Smith
(b) Address Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.
19. (a) Feb 8 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1943 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 23, 1943 to Feb. 6, 1943 that I last saw him alive on Feb 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza and pneumonia.	4 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertensive heart disease	7 wks

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury?
23. Signature O. H. Damron M.D. (M. D. or other)
Address Warrensburg Mo. Date signed 2/8/43

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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. ~~2320~~, working under my personal supervision.

Signed R. R. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg

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.