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4-5-42
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31337
Registrar's No. 301

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

FILED OCT 6 1943

Registration District No. 47

Primary Registration District No. 5164

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town RURAL FULTON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. FULTON, MO R.F.D.#1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES WILLIAM SMART

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased SEPT 19 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 28 hr. min.

9. Birthplace CALLAWAY Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business.....

MOTHER FATHER { 12. Name M.B. SMART
13. Birthplace DK KY
(City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant LESTER SMART
(b) Address FULTON, MO

17. (a) BURIAL (b) Date thereof SEPT 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST FULTON, MO

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St FULTON, MO

19. (a) 9-18-1943 (b) JOSE MOONSHOFF
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1943 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May
..... 1942 to Sept 17 1943
that I last saw him alive on Sept 16 1943
and that death occurred on the date and hour stated above.
Immediate cause of death myocarditis

Due to arterio Scleroses
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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) (e) Means of injury.....

23. Signature Dr. Moonshoff (M. D. or other) Mo
Address FULTON Date signed 9/20/43

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.....
working under my personal supervision.

Signed..... *Ben G. Marpin*

Licensed Embalmer No. *2725*

P. O. Address..... *Fulton, 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.