. S. No. 2
M—9-4-41
v. 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 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7229

State File No. 173

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 173

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1210 E. Cairo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas
(c) City or town Cabool
(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

3. (a) PRINT FULL NAME John A. Smyerr
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased May (Month) 29, (Day) 1875 (Year)
8. AGE: Years 68 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Cabool, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business On Farm
FATHER 12. Name William P. Smyer
13. Birthplace Unknown (City, town, or county) N. Carolina (State or foreign country)
MOTHER 14. Maiden name Margaret Neville
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. E. W. Hiett
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cabool, Missouri
18. (a) Signature of funeral director Elliott Funeral Home
(b) Address Cabool, Missouri
19. (a) 2-21-44 (Date received local registrar) (b) E W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17, year 1944 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from 7/13, 1943, to 2/17, 1944, that I last saw him alive on 2/12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 8 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Guy D Calloway (M. D. or other) MD
Address Springfield Mo Date signed 2/21/44

(Licensed Embalmer's Statement on Reverse Side)

984

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 Harlan Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.