

FILED NOV 6 1944  
28

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

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

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: 411 Normal  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 411 Normal  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert J. Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bettimac Smith

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 28, 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dyer County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Judge

11. Industry or business Springfield Ct. of Appeals

MOTHER FATHER

12. Name E. Jasper Smith

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

14. Maiden name Permelia F. Taylor

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

16. (a) Informant R. Jasper Smith

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-21-44 (b) BY W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1944 hour 1 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 28, 1944 to Oct 20, 1944  
that I last saw him alive on 10-20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarct

Due to: arterio-sclerosis

Due to: cerebral hemorrhage

Other conditions: \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: 83A

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? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature R. Ferrell (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 10-21-44

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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 *Walter E. Dillman*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Burgfield N.C.*.....

**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.**