S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24812

FILED AUG 14 1945

Registration District No. 2 Primary Registration District No. 3057. Registrar's No. 44

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 West Royal 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 117 West Royal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Smantha Tarwater
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jasper Tarwater
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 19 (Day) 1856 (Year)
8. AGE: Years 88 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Orrick (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name William Vigle
13. Birthplace Unknown (City, town, or county) ---- (State or foreign country)
14. Maiden name Barbar Spenser
15. Birthplace Unknown (City, town, or county) ------- (State or foreign country)
16. (a) Informant Mrs. Nellie Hensley
(b) Address Richmond. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July.11.1945 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond. Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Richmond. Mo.
19. (a) July 12 1945 (Date received local registrar) (b) Mrs Chas W Shepherd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 10, 1945, to July 9, 1945, that I last saw her alive on July 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	1 Yr.
Due to Advanced arterio sclerosis	
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 G W Gaines (M. D. or other) M.D.
Address Richmond. Mo. Date signed 7-12-45

12 50

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 8-13-45

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 E. Whinnair

Licensed Embalmer No. 2073

P. O. Address Richmond. 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.