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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. 223102

FILED JUL 18 1946

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 153

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 600 East High Street
(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 1 day

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

3. (a) PRINT FULL NAME Robert D. Smart
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Smart
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased November (Month) 1 (Day) 1889 (Year)

8. AGE: Years 56 Months 8 Days If less than one day hr. min.

9. Birthplace Callaway County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Clay Contractor
11. Industry or business
FATHER 12. Name George L. Smart
13. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Annie Dixon
15. Birthplace Callaway County, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Marjorie Smart
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri
18. (a) Signature of funeral director Thos J. Cordin
(b) Address Jefferson City, Missouri
19. (a) 7-3-46 (Date received local registrar) (b) C. C. Norris M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1946 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 30th, 1946 to June 30th, 1946 that I last saw him alive June 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis — 5 min.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94a
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 J. A. Ossman M.D. (M. D. or other)
Address Jefferson City, Mo. Date signed 7/1/46

(Licensed Embalmer's Statement on Reverse Side)

68

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-15-46

JUL 23 1945

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 Omer L. Jones Jr

Licensed Embalmer No. 4411

P. O. Address Jefferson City 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.