

S. No. 2
M-2-43
1-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37298

FILED DEC 11 1947

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 417

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

1. PLACE OF DEATH:
 (a) County CALLAWAY
 (b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8 W. 7th St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community hife
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State MISSOURI (b) County CALLAWAY
 (c) City or town FULTON
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 W. 7th St.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME George L. SMART
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 29 ch
 year 1947 hour about 8 mi about 9 A.M.
 21. I hereby certify that I attended the deceased from Nov 14 - 1947
 19____ to Nov 29 1947
 that I last saw him alive on Nov 28 1947
 and that death occurred on the date and hour stated above
 Immediate cause of death arterio sclerosis Duration Several years

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 8 years
 7. Birth date of deceased July 8 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 21
 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____
 12. Name DAVID SMART
 13. Birthplace CALLAWAY Co MO U
(City, town, or county) (State or foreign country)
 14. Maiden name SUSAN GLOVER
 15. Birthplace CALLAWAY Co MO A
(City, town, or county) (State or foreign country)

16. (a) Informant MRS Ethel MILLARD
 (b) Address BACHELOR, MO

17. (a) BURIAL (b) Date thereof Dec. 1st 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MOKANE

18. (a) Signature of funeral director Glenn Y. Maxson
 (b) Address 712 Cent Fulton Mo

19. (a) Dec. 1 - 1947 (b) Joseph A. ...
(Date received local registrar) (Registrar's signature)

Due to Senile exhaustion due to his mental state. Senile dementia.
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 97

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 0
 23. Signature [Signature] (M. D. or other) _____
 Address Fulton Mo Date signed 11-29-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-47

DEC 11 1947

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.....

Theodore Skinner, Jr. Registered Apprentice No. *55*

working under my personal supervision:

Signed..... *Glen Y. Mauhin*

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.