S. No. 2
M—2-43
5-17-39
I X35697

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

Charles D. Smiley

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1947

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37316

Primary Registration District No. ~~3008~~ 5164

Registrar's No. 405

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: ~~Fulton,~~ Missouri Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Callaway County Hospital~~
(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): 1
In this community: One Day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~St. Louis~~ 196 72
(c) City or town: Clayton (5) 3
(If outside city or town limits, write "RURAL")
(d) Street No.: #2 Wydown Terrace,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Douglas Smiley, Jr.
3. (b) If veteran, name war: NONE.
3. (c) Social Security No. 493-10-5830.

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elizabeth Jamison Smiley
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: March 23, 1891. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56.	7.	21.	hr. min.

9. Birthplace: St. Louis (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation: Vice-President of
11. Industry or business: Western Textile Products
FATHER
12. Name: Charles Douglas Smiley, Sr.
13. Birthplace: Norfolk, (City, town, or county) Virginia. (State or foreign country)
MOTHER
14. Maiden name: Susie Ghiselin.
15. Birthplace: Norfolk, (City, town, or county) Virginia. (State or foreign country)
16. (a) Informant: Mrs Elizabeth J. Smiley.
(b) Address: #2 Wydown Terrace, Clayton, Mo.
17. (a) Interment. (Burial, cremation, or removal) (b) Date thereof 11/17/47. (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery.
18. (a) Signature of funeral director: C. R. Lupton & Sons.
(b) Address: #7233 Delmar Blv'd.,
19. (a) 11-20-1947 (Date received local registrar) (b) Joseph Moranschoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Nov
year 1947 hour 5 minute 15 M.
21. I hereby certify that I attended the deceased from ~~was called after~~ 19..;
that I last saw h. alive on 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death: Death - Deceased fell dead while on a hunting
Due to: Nervous and cardiac
Due to: Death Coronary Occlusion
Other conditions (Include pregnancy within 3 months of death): Co.
Major findings:
Of operations: 0 44
Of autopsy:

Duration

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) Callaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)
While at work? (e) Means of injury: Heart attack
23. Signature: M. Garrett Coroner (M. D. or other)
Address: Fulton Mo Date signed 11/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 2 1947
Date Filed

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.