S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

578

State File No. _____

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 2

25
3
0

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Hampton Smarr.

3. (b) If veteran, name war x x

3. (c) Social Security No. x x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife x x

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

7. Birth date of deceased JAN (Month) 25 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	7	hr. min.

9. Birthplace Clinton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business _____

FATHER
12. Name Ruben Smarr
13. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Betty Young
15. Birthplace Clinton Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant C. R. Young
(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg, Mo.

18. (a) Signature of funeral director D. D. Lyon
(b) Address Plattsburg, Mo.

19. (a) Jan 4-48 (Date received local registrar) (b) Eunice Chaitain (Registrar's signature) 281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
year 1948 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1948, to Jan 2, 1948; that I last saw him alive on Jan 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Toxic Carditis	4 hrs
Due to Lobar Pneumonia	2 days
Due to _____	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 W. B. Spalding (M. D. or other) MD

Address Plattsburg Mo. Date signed Jan 3-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Darrell D. Tyson

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.