S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Duncan

State File No. 4565

Registrar's No. 179-A

39
2
6

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1025 N. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1025 N. Campbell 6
(If rural, give location)
(e) Citizen of foreign country?: (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Joseph Roy Smades.
3. (b) If veteran, name war: No
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle Larson Smades
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 11 (Day) 1891 (Year)

8. AGE: Years 56 | Months 10 | Days 13 | If less than one day: hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Printer
11. Industry or business: Springfield Newspapers.

FATHER
12. Name: John S. Smades.
13. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Baker
15. Birthplace: Hannibal (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Myrtle C. Smades
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 2-26-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1948 hour 2 minute 25 P.M.
21. I hereby certify that I attended the deceased from Feb 8, 1948, to Feb 24, 1948, that I last saw him alive on Feb 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolus	24 hrs.
Due to: Old Rheumatic Heart Disease	20 yrs
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: 0

23. Signature: J. B. Duncan (M.D. or other) MD
Address: Med Arts Bldg Springfield Mo (Date signed) 2-26-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1948

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.