

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5375

FILED MAR 13 1948

Registration District No. 172

Primary Registration District No. 3643

Registrar's No. 16

1. PLACE OF DEATH:

(a) County LAFAYETTE
 (b) City or town FREEDOM TWP.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 58 YEARS (Specify, whetherIn this community 58 YEARS
years, months or days)3. (a) PRINT FULL NAME JOE A. SMARR3. (b) If veteran, name war ✓3. (c) Social Security No. ✓4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife Laura M. Smarr 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased JUNE 23 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 8 10 hr. min.9. Birthplace WETHERS MILL MO G
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name ABNER SMARR
 13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
 14. Maiden name NELVINA ODD
 15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant EARL SMARR(b) Address HIGGINSVILLE, MO17. (a) BURIAL (b) Date thereof MARCH 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation DAVE GROVE CEMETERY18. (a) Signature of funeral director F. S. JAMES(b) Address CONCORDIA MO19. (a) March 5 1948 (b) Clayton H. Landreth
(Date received local registrar) (Registrar's signature) 154

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54
 (c) City or town RURAL FREEDOM TWP
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3
year 1948 hour 11 minute A.M.21. I hereby certify that I attended the deceased from Feb. 10, 1944
19 , to March 3, 1948that I last saw him im alive on Mar 3 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy Duration 3 hrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations G3A

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?

While at work? (Specify type of place) (e) Means of injury 023. Signature ETM Moore (M. D. or other)Address Higginville, Mo. Date signed 3-5-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-12-48

482707

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Conordia 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.