No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11804

State File No.

Registration District No. 58 Primary Registration District No. 4091 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Fremont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carter 18
(c) City or town Fremont
(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

3. (a) PRINT FULL NAME Claude T Smith
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 14 (Day) 1891 (Year)

8. AGE: Years 56 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Ozark Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John W. Smith
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A. Hall
15. Birthplace Osage Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Carl Smith
(b) Address Fremont Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Sight
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo
19. (a) April 24-48 (Date received local registrar) (b) Mrs Octa Henson (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20
year 1948 hour 11 minute 20 A M.
21. I hereby certify that I attended the deceased from Apr 10th 1948, to Apr 20, 1948
that I last saw him alive on Apr 18, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of throat
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 J. N. Colton (M. D. ~~or other~~)
Address Van Buren Date signed 4-21-8

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 548308
Date Filed 5-8-48

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 Chas S. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.

No. 2B
—3-45
P.I. X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 58 Primary Registration District No. Registrar's No. 10

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Fremont
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Claude Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 14 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 20
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 45 F

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) (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 T. W. Collon (M. D. or other)

Address Van Buren Date signed

SUPPLEMENTARY

J. W. Calder
Van Buren, MO

40811-5