

FILED APR 19 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3-032-5601

State File No. 13176

Registrar's No. 38

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **County Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Yrs**
(Specify whether years, months or days)
In this community **81 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **County Home**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James F 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 **Widowed**
6. (b) Name of husband or wife **Margaret Smith** 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **Jan. 7 1867**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **0** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **F. C. Smith**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Hawell**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Co. Home Records**

(b) Address **Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof **April 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. **Apr 28 1948** (Date received local registrar) **Sweeney Phillips** (Registrar's signature) **147**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**
year **1948** hour **3** minute **15** p. M.

21. I hereby certify that I attended the deceased from **Mar 4** 19**48** to **April 7** 19**48**
that I last saw him alive on **Mar 4** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Yes to after death Do not know**

Due to **Heart degeneration**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **93D**

Of autopsy **none**

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)

(e) While at work? (Specify type of place) (e) Means of injury

23. Signature **J. R. Dill** (Physician's signature) **Warrensburg Mo.** Date signed **4-9-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

51
0
0

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 Jack Phillips Registered Apprentice No. 14 working under my personal supervision.

Signed R. A. Phillips
Licensed Embalmer No. 2320
P. O. Address Warrensburg

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.