FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22132

Registration District No. 31 — Primary Registration District No. 5107 — Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County: Benton
(b) City or town: Rural, White Twsp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 4, Windsor (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 18 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Route # 4, Windsor (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charley Franklin Smart
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lula Ransdell Smart
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: August (Month) 30 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	1	..... hr. ..... min.

9. Birthplace: Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....

FATHER
12. Name: George W. Smart
13. Birthplace: Benton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Nancy Wickliffe
15. Birthplace: Cedar County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. C. F. Smart
(b) Address: Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri
18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor Mo.
19. (a) 8-3-1948 (Date received local registrar) (b) E L Eichhoff (Registrar's signature) 39/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 10 minute 40 p M.

21. I hereby certify that I attended the deceased from Feb 16 1948 to Aug 29 1948 that I last saw him alive on Aug 29 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular Myocarditis	
Due to	
Due to Hypertension	1947
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 .....

23. Signature: N. Hennings (M. D. or other)
Address: Windsor Date signed: 8-2-48

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

RECEIVED
District Health Officer No. 7
District File Number 7-68-892
Date Filed 8-6-48

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 William M. Turner, Registered Apprentice No. 470, working under my personal supervision.

Signed Elden Dunlap

Licensed Embalmer No. 3391

P. O. Address Windsor

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.