FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 16 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32743

Primary Registration District No. 5544

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Higbee Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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: About 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howard
(c) City or town: Higbee Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: "Buster Twp."
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Charley Smith.
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) I (Day) 1882 (Year)

8. AGE: Years 66 Months 3 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: They think in Randolph Co (City, town, or county) O (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: William Smith
13. Birthplace: Edina Mo O (City, town, or county) (State or foreign country)
14. Maiden name: Jemmima Francis.
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Charley Smith
(b) Address: Higbee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: New Hope, (Howard Co)
18. (a) Signature of funeral director: Joe W Burton
(b) Address: Higbee Mo
19. (a) 9-4-1948 (Date received local registrar) (b) Dorothy Jean Sohn (Registrar's signature) 404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 27
year: 1948 hour: 5 minute: 30 a. M.

21. I hereby certify that I attended the deceased from July 15, 1948 to Aug 27, 1948; that I last saw him alive on Aug 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: None

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: V D Robinson (M. D. or other) P.O.
Address: Higbee, Mo. Date signed: 8-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-15-48

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

Signed E. W. Friemoth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.