

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Calloway 28294  
State File No.

ED SEP 10 1943  
Registration District No. 2000

Primary Registration District No. 2000

Registrar's No. 700

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Spd. Baptist Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 Hours  
In this community 15 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 824 W. Harrison  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Arthur Lee Smades Jr.

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 none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Sept. 5 1927  
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Arthur L. Smades Sr.

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

14. Maiden name Mary E. Kennemer

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

16. (a) Informant Arthur L. Smades Sr.

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 8-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayward

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8/27/43 (b) J.W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25  
year 1943 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8/21/43  
1943 to 8/25 1943

that I last saw him alive on 8/25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior Poliomyelitis 5  
(Bulbar type)  
Duration

Due to \_\_\_\_\_

Due to 36.

Other conditions 36.  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Neg. gross findings  
Histological pending

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 \_\_\_\_\_

23. Signature Guy D Calloway (M. D. or other) C.M.D.

Address Springfield Mo Date signed 8/25/43

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

MOTHER FATHER

**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 *Donald Yonker*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield, 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.**

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