

FILED APR 10 1944

Registration District No. 254

Primary Registration District No. 5867

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Thayer (Rural) *7 mi. S. E. of Thayer*  
(c) Name of hospital or institution: 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Thayer (Rural)  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1944 hour 12 minute 20 A.M.  
21. I hereby certify that I attended the deceased from June 1943  
to Feb. 1944  
that I last saw him alive on 2-16-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary ossification  
Outing  
Hypertension

Due to Art. Scherwin  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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: H. B. Hull (M. D. or other)  
Address: Memphis, Tenn. Date signed 3/6/44

3. (a) PRINT FULL NAME Oscar Avery Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-10-2144

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva F. Sluder 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 22 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 29  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

12. Name Randall Smith

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

14. Maiden name Charity Fryar

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

16. (a) Informant Clyde Smith  
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 2/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cem.

18. (a) Signature of funeral director Leo Carr  
(b) Address Thayer, Mo.

19. (a) 3-10-44 (b) Jae W. Williams  
(Date received local registrar) (Registrar's signature)

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

75  
0  
0

75  
9  
4

MOTHER FATHER

1112

RECEIVED

District Health Officer No. 5,

District File Number. 444231

Date Filed 4-8-44

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**