

FILED AUG 22 1944

128

Registration District No. 2000

39  
2  
6

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

1. PLACE OF DEATH: **GREENE**

(a) County.....

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **769 E. Walnut**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence** **35**

(c) City or town **Aurora**  
(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. ....

3. (a) PRINT FULL NAME **Adele Stafford Smart**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **UNK.**

4. Sex **Female** / race **White** 5. Color or **2** divorced **Widowed**

6. (b) Name of husband or wife **Dr. R.W. Smart** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **April 9, 1878**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **4** Days **3** If less than one day hr. min.

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

10. Usual occupation **Assnt. Supt. Soldiers Home at St. James, Mo.**

11. Industry or business

12. **S. Riley Stafford**

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

14. Maiden name **Ann E. Turner**

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

16. (a) Informant **Mrs. Gene Diemer**

(b) Address **Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **8-14-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

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

(b) Address **Springfield, Mo.**

19. (a) **8-14-44** (b) **S. W. E. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12** year **1944** hour **7** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **Aug 11**, 19**44** to **Aug 12**, 19**44**  
that I last saw h **OK** alive on **Aug 12**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to 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? (Specify type of place) (Means of injury)

23. Signature **Delzell** (M. D. or other)

Address **Spfld, Mo.** Date signed **Aug 15/44**

AUG 25 1944

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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 *Leah E. Gorman*  
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.**