

FILED 24812 14 1945

Primary Registration District No. **3057**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
117 West Royal St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT **Smantha Tarwater**
FULL NAME

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jasper Tarwater** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 19 1856**
(Month) (Day) (Year)

8. AGE: Years **88** Months **9** Days **20** If less than one day hr. min.

9. Birthplace **Orrick Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

12. Name **William Vagle** ?

13. Birthplace **Unknown** --- ?
(City, town, or county) (State or foreign country)

14. Maiden name **Barbar Spenser**

15. Birthplace **Unknown** --- ?
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie Hensley**

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

17. (a) **Burial** (b) Date thereof **July 11, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Mo.**

18. (a) Signature of funeral director. *[Signature]*

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

19. (a) **July 12 1945** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** 89
(c) City or town **Richmond** /
(If outside city or town limits, write "RURAL")
(d) Street No. **117 West Royal St.** /
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1945** hour **3** minute **45** P. M.

21. I hereby certify that I attended the deceased from **May 10**, 19 **45** to **July 9**, 19 **45**
that I last saw her alive on **July 8**, 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial insufficiency 1 Yr.**

Due to **Advanced arterio Sclerosis**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy **A7**

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 *[Signature]* (M. D. or D. O.) **MO.**

Address **Richmond, Mo.** Date signed **7-12-45**

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

MOTHER FATHER

12 50

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-13-21

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. J. ...

Licensed Embalmer No. 2073

P. O. Address: Richmond, 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.