

REC'D AUG 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25438  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 1931 Indiana St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1931 Indiana St.  (If nonresident, give city or town and State) Jasper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1937  
 7. AGE YEARS 2 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Child  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri  
 FATHER 13. NAME Clyde C. Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri  
 MOTHER 15. MAIDEN NAME Rhoda R. Peirson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Clyde C. Smith Jasper Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE July 20, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. City, Mo.  
 20. FILED 7-19-39 E. D. Jensen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939  
 22. I HEREBY CERTIFY, that I attended deceased from July 17, 1939 to July 18, 1939  
 I last saw him alive on July 18, 1939 Death is said to have occurred on the date stated above at 10 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Illio Calitis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 1206  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. E. Crank, M. D.  
 (Address) 214 5th St. Joplin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2  
RECEIVED

District Health Officer No. 6,

District File Number 839-1646

Date Filed AUG 10 1933

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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 myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.