

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.

DEC 15 1939

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1522 Grand
 (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 FULL NAME Major Smith 530
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 2 1970
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace High Point Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown
 { 13. Birthplace Unknown
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Bachler

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 11-27-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director J. B. Reynolds
 (b) Address 1502 Joplin Joplin, Mo.

19. (a) 11-27-39 (b) [Signature]
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1522 Grand
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1939 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him dead November 23 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Beats Duration _____

Due to _____ 95h
 Due to _____

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

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature A. J. Winchester (M. D. or other) _____
 Address Joplin Mo. Date signed 11/29/39

RECEIVED

District Health Officer No. 6,

District File Number 1239-2509

Date Filed DEC 7 1939

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, above space should be left blank.