

FILED APR 23 1940

Registration District No. 711

Primary Registration District No. 6669

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R 2, Box 513
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution, write street number or location
10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gladys Opal Smith

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

4. Sex Female 5. Color or Wh race _____ 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wesley Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 23, 1898
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 29 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Williams

13. Birthplace Newton County NEWTON MO
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Wesley Smith

(b) Address Joplin MO

17. (a) Burial (b) Date thereof 3-25-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Reynolds Mortuary

(b) Address Joplin, Missouri

19. (a) 3-25-40 (b) Ed Danner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R 2, Box 513
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
 year 1940 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 16, 1939
 to July 27, 1940
 that I last saw her alive on July 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous cell carcinoma of left side nose, sinusitis
 Due to Face

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? 37%

While at work? _____ (Specify type of place) (e) Means of injury _____
 28. Signature Frank Williams (M. D. or other) _____
 Address Joplin MO Date signed March 25, 40

STATE PRINTING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 6,

License File Number H-10-1054

Date Filed APR 10 1940

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Josephine

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11376

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 5369

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Baloma, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Glady Opel Smith

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 29 If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw h. _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell carcinoma of left side nose sinus face
Due to When first seen the mass entirely killed the left side of nose and left nostril. Could not determine primary seat of disease.
Other conditions Patient came for relief of obstruction of left side of nose
Major findings nose
Of operations _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) May-13-1940

(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 Chas T Reed (M. D. or other)

Address Joplin, Mo Date signed _____

SUPPLEMENTAL

52

11376 (1940)