

REC'D JUN 27 1940

Registration District No. 44

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution:
2314 Virginia
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 40 years
 years, months or days

8. (a) PRINT FULL NAME ELLIS EDWIN SMITH 5:30

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased August 11 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 2 _____ hr. _____ min.

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

10. Usual occupation Prop. Motor Repair Shop

11. Industry or business _____

12. Name Ellis Edwin Smith

18. Birthplace California Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline R. Bowes

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

16. (a) Informant's own signature Mrs. Alice Smith

(b) Address 2314 Virginia, Joplin, Mo.

17. (a) Burial (b) Date thereof May 15 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gark Memorial Park

18. (a) Signature of funeral director Lauren Mortuary

(b) Address 1502 Joplin St. Joplin, Missouri

19. (a) 5-14-40 (b) E. J. Powell
 (Date received local registrar) (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. 2314 Virginia
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
 year 1940 hour 7:2 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 12
1940 to May 13 1940
 that I last saw him alive on May 12 1940 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration _____

Due to Senescent arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 44/10

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? 372

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

23. Signature W. W. Kinley (M. D. or other) _____

Address Joplin, Mo Date signed 5/14/40

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

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.

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 Joplin 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.