

FILED JUL 11 1941

No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

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 14th & Michigan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Lifetime
years, months or days

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. 14th & Michigan Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Alexander E. Smith

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1941 hour 2 minute 15 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Dora (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: July 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1941 to June 10, 1941
that I last saw him alive on June 1, 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>10</u>	<u>6</u>	hr. min.

Immediate cause of death Heart Attack Myocarditis

Due to _____

Due to _____

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

Other conditions 30
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation Railroader

11. Industry or business Railroad

MOTHER FATHER

12. Name J. E. Smith

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Elizabeth Hamilton

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Carnest Smith

(b) Address 1415 Hascam Joplin Mo.

17. (a) Burial (b) Date thereof 6-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Shurlbut and Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 6-11-41 (b) W. E. Jones
(Date received local registrar) (Registrar's Signature)

23. Signature W. E. Jones (M. D. or other) 0

Address Joplin Mo Date signed 6-7-41

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

19
2
3

41-7-601

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

Sam E. Senceny

Licensed Embalmer No. 4099

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, fact should be so stated above.