

FILED DEC 12 1941
Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 177

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town RURAL - Jackson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Highway 14 - 3
(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 Lee F. Smith

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Nov. 29 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Dealer - Oil Machinery

11. Industry or business

MOTHER FATHER { 12. Name Frank M. Smith 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace IL 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Smith
 (b) Address Tulsa, Okla.

17. (a) Removal (b) Date thereof 11-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation TULSA OKLA.

18. (a) Signature of funeral director Thornhill - Pillow Mortuary
 (b) Address Joplin, Missouri

19. (a) Nov. 18, 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999
 (c) City or town Tulsa 34
(If outside city or town limits, write "RURAL")
 (d) Street No. 1520 So. Detroit 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
 year 1941 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him Do not see him alone and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of brain
Shock
 Due to Automobile wreck
when he ran into truck
 Due to Cuts about feet
fractures of femurs
 Other conditions and both tibias
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operations _____
 Of autopsy None
 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) Accident
 (b) Date of occurrence Nov. 15, 41
 (c) Where did injury occur? Jasper, Okla.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
State highway #14
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature P. A. Webster (M. D. or other) Cosner
 Address Osthage, Mo. Date signed Nov 17 41

7142 493

MSD

of

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..... *David Hillow*

Licensed Embalmer No. *3898*

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.