

S. No. 2  
11-10-39  
5-17-39  
I. X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2583

State File No. \_\_\_\_\_

FILED FEB 5 1942  
Registration District No. 770

Primary Registration District No. 11243

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Corner Lexington & 1st. Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper  
(If outside city or town limits, write "RURAL")

(d) Street No. Corner Lexington & 1st. Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Merl Marshall Smith

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th  
year 1942 hour 6 minute 55 P.M.

4. Sex Male  White

5. Color or race White

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

6. (b) Name of husband or wife Anna Smith

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 12 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to Jan 20, 1942  
that I last saw him alive on Jan 20th, 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>8</u>	hr. _____ min.

Immediate cause of death:  
Atrophic arthritis  
Nephritis, interstitial  
Due to Pneumonia

Duration  
13 yrs.  
1 yr. ?  
2 days

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

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1381

10. Usual occupation Carpenter

11. Industry or business Paper Hanger

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Nephritis, Enlarged spleen, healed abs. of lungs, pneumonia

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Mark Smith

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

14. Maiden name Julia Birkley

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

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? \_\_\_\_\_

16. (a) Informant Anna Smith

(b) Address Jasper Mo.

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

23. Signature J. Darwin Magee (M. D. or other) DO.  
Address Jasper, Mo. Date signed 1/20/42

17. (a) Burial (b) Date thereof Jan. 22, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Phos J. Tector  
(b) Address Jasper, Mo.

19. (a) Jan 22 1942 (b) Clara E. Carns  
(Date received local registrar) (Registrar's signature)

1107 (Licensed Embalmer's Statement on Reverse Side)

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

570 3-M-11

1900

42-1-2

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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 \_\_\_\_\_

Howard E. Simpson, Registered Apprentice No. 2857,  
working under my personal supervision.

Signed Phas J. Teeter  
Licensed Embalmer No. 2566  
P. O. Address Jasper 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.