. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6962

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 58

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1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2209 Harlem
(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)

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. 2209 Harlem Ave;
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Lonnie Franklin Smith.

3. (b) If veteran, name war No

3. (c) Social Security No. 571-14-1649

4. Sex male 6

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. 17, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	4	8	hr. 2 min.

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

10. Usual occupation glass setter

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie Witt
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harriet Smith
(b) Address 2209 Harlem Ave. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 2-28-42 (Date received local registrar) (b) Gertrude Sushoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 25, day 1942;
year hour 6-00 P.M. M.

21. I hereby certify that I attended the deceased from Feb 3rd, 1942 to Feb. 25, 1942
that I last saw him alive on Feb 24th 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General paresis of insane	3 mo
Due to tues.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

30 b

Major findings:
Of operations
Of autopsy

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

23. Signature J. Altenowalt (M. D. ~~or other~~)
Address Joplin Mo. Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

42-3-147

MAR 26 1942

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Steve D. Parker

Licensed Embalmer No. 2348

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.