S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18233

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 250

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

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: 1303 Hill St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 45 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin Mo;
(If outside city or town limits, write "RURAL")
(d) Street No.: 1303 Hill St;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Ida Dell Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Charles A. Smith
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Jan. 20, 1882 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 27 If less than one day hr. min.

9. Birthplace: Vincennes Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
MOTHER FATHER
12. Name: William E. Murphy
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: no record
15. Birthplace: no record (City, town, or county) (State or foreign country)
16. (a) Informant: Chas. A. Smith
(b) Address: 1303 Hill St; Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;
19. (a) 6-18-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 16 day 1942; year hour 9-05 P. M. minute M.

21. I hereby certify that I attended the deceased from May 27 1942 to June 16 1942 that I last saw her alive on June 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage — Duration 12 days
Due to:
Due to: Coronary Occlusion — Duration 14 days
Other conditions (Include pregnancy within 3 months of death):
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. E. Hagenmeyer M.D. (Coroner or other)
Address: 708 Tucker Bldg. Date signed June 18 1942
Joplin Mo.

1204 (Licensed Embalmer's Statement on Reverse Side)

42-6-512

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 Perry K. Hurlbert

Licensed Embalmer No. 959

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.