

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18488

FILED JUN 13 1942

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

Registration District No. 577

Primary Registration District No. 3029

Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital  
(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 Joseph E Smelser

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
(Month) (Day) (Year)

7. Birth date of deceased Dec 25 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	4	5	_____hr. _____min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph E Smelser

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Tipton

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

16. (a) Informant Mary Smelser

(b) Address 908 Paris Ave

17. (a) Burial (b) Date thereof May 2 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scoutsville Mo.

18. (a) Signature of funeral director James O. Donnell

(b) Address Hannibal Mo.

19. (a) May 2 1942 (b) Robt. A Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 908 Paris Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1942 hour 10P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 23, 1942, to April 30, 1942, that I last saw him alive on April 30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis

Due to Chronic Myocarditis  
Myocardial Infarction

Due to Chronic Thyroiditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature B. J. Murphy (M. D. or other) M.D.  
Address Hannibal Mo. Date signed 5-2-42

1146 (Licensed Embalmer's Statement on Reverse Side)

**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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Hambard MS

**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.**