

FILED JUL 10 1942

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. 236

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution St. James Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Edward V Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 440-05-2386

4. Sex Male 5. Color or Race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 31 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace Jasper Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Head & Zinc Mines

12. Name James Smith

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

14. Maiden name Unknown Beamer

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

16. (a) Informant Pearl Smith

(b) Address Baxter Sp. Kans

17. (a) Removal (b) Date thereof June 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Sp. Kans

18. (a) Signature of funeral director Walter Hester

(b) Address Baxter Sp. Kans

19. (a) 6-6-42 (b) Walter Hester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 1st

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

(d) Street No. 724 E 15th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 5-19-42 to 6-5-42, 1942; that I last saw him alive on 6-5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial fatigue

Duration 1 wk.

Due to general carcinoma of history

Due to carcinoma head of paranasals

Other conditions (Include pregnancy within 3 months of death) H6%

PHYSICIAN

Major findings: general carcinoma

Of operations _____

Of autopsy _____

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? _____

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

23. Signature Walter Hester (M. D. or other) _____

Address Joplin Mo Date _____

42-6-534

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 Walter Vestus
Licensed Embalmer No. 784
P. O. Address Walter Vestus

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.)

this body is not embalmed, fact should be so stated above.