

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34044

State File No.

FILED NOV 12 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 425

49
520
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 2118 Byers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Yrs
In this community 30 Yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 2118 Byers
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charlotte M. Smoot

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th
year 1942 hour 6 minute 15 P. M.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife E. R. Smoot 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 21 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1941 to Oct 5 1942
that I last saw him alive on Oct 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 7 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death Hodgkins disease Duration 1 1/2 yrs.

Due to _____

Due to _____

9. Birthplace Redfield Kans
(City, town, or county) (State or foreign country)

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

Major findings: 44 lb

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Top

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

14. Maiden name Victoria Maddox

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. R. Smoot
(b) Address 2118 Byers

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo

19. (a) 10-7-42 (Date received local registrar) (b) Gertude Sudhoefer (Registrar's signature)

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 Laird K. Neff (M. D. or other) _____
Address Joplin Mo Date signed 10/14/42

1204 (Licensed Embalmer's Statement on Reverse Side)

FEB 4 1948

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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..... *F. M. Jones*
Licensed Embalmer No. *2319*
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.