V. S. No. 2
OM—9-4-41
ev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1943

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2592

Primary Registration District No. 2001

Registrar's No. 609

49
2
5

**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: St JOHNS O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution [redacted] (Specify whether
In this community ALWAYS
years, months or days)

**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. 1303 HILL ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME CHARLES ARTHUR SMITH
3. (b) If veteran, name war
3. (c) Social Security No. [redacted]
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 13 (Day) 1875 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 5 | 30 | hr. min. |

9. Birthplace JOPLIN (City, town, or county) MO O (State or foreign country)
10. Usual occupation
11. Industry or business RETIRED MINER
MOTHER FATHER
12. Name TERRY G SMITH
13. Birthplace (City, town, or county) OKLA 1 (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant CLARENCE SMITH
(b) Address 820 W 5 JOPLIN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation MT HOPE
18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address JOPLIN MO
19. (a) 1-15-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 12th
year 1943 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw alive on 19
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | |
| Due to arteriosclerosis and High Blood | |
| Due to pressure | |
| 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 [illegible] (M. D. or other)
Address Carthage Mo Date Jan 13 43

#3

1204

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1947

JAN 22 1943

**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 Jefferson 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.**