

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH

(a) County Jasper Lewis J. Smith Sr.  
(b) City or town Jonlin  
(c) Name of hospital or institution:  
701 E. 15th.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jonlin  
(d) Street No. 701 E. 15 th.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis J. Smith Sr.

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased March 24 1883 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 9 hr. min.

9. Birthplace Barry County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Joel Smith  
13. Birthplace Unknown Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Mary Jeffers  
15. Birthplace Unknown Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Smith Jr.  
(b) Address 1725 Ind.

17. (a) Burial (b) Date thereof 8/4/43 (c) Place: burial or cremation Maplewood Cem. Exeter, Mo.

18. (a) Signature of funeral director Parker-Hungaker  
(b) Address Jonlin, Missouri

19. (a) 8-3-43 (b) Destombes, Susholter (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1943 hour 3 minute a.m.

21. I hereby certify that I attended the deceased from June 1 - 1943 to July 31 1943 that I last saw him alive on July 31 and that death occurred on the date and hour stated above

Immediate cause of death Cancer of throat Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Charles E. Paul (M. D. or other) Address 306 Union Bldg. Date signed 8/22/43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

43-7-687

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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.