S. No. 2
M—2-43
5-17-39
I X35897

19
2
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38477

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 629

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:
1119 Virginia Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1119 Virginia Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

49
2
5

3. (a) PRINT FULL NAME George Henry Smith

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Helen Smith
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) ..... (Day) 1866 (Year)

8. AGE: Years 77 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Edna Harris
(b) Address Webb City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 11-13-43 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1943 hour 1015 minute ..... M.
21. I hereby certify that I attended the deceased from Oct 15, 1943, to Nov 1, 1943
that I last saw him alive on Nov 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

830

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 Charles C. Coats (M. D. or other)
Address Joplin Mo Date signed 11-11-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-11-979

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.