

FILED JAN 14 1944
Registration District No. **187**

Primary Registration District No. **5582**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage Rural - Jackson Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper County Alms House
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2 years**
(Specify whether
In this community **50 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. **1701 Kentucky Avenue**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joe C. Smith**

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

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 **February 14, 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 16 hr. min.

9. Birthplace **McDonald county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **miner**

11. Industry or business _____

12. Name **unknown**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Esther Savatovic**
(b) Address **1701 Kentucky, Joplin, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **1/3/44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin Missouri**

19. (a) **1-3-44** (Date received local registrar)
(b) **Elizabeth C. Ripstein** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30**
year **1943** hour **9** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Dec 29** 19**43** to **Dec 30** 19**43**
that I last saw **him** alive on **Dec 30** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**
heart failure

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93x2**
Of autopsy _____

Duration
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **P. H. Webster** (M. D. or other)
Address **Carthage Mo** Date **Dec 31 1943**

1203

43-10-1044

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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