No. 2
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17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 243

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3047

State File No. 3762

Registrar's No. 114

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JAMES HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON
(c) City or town: NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No.: ST. JAMES HOTEL
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: .....

3. (a) PRINT FULL NAME: THEODORE D. SMITH

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: L. Grace Smith

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: AUGUST (Month) 6 (Day) 1877 (Year)

8. AGE: Years 66 | Months 4 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: JOPLIN (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: MINISTER

11. Industry or business: .....

FATHER
12. Name: TERRY SMITH
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. T. D. Smith
(b) Address: Neosho Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Neosho I.O.O.F. Cem.

18. (a) Signature of funeral director: Carey Thompson
(b) Address: Neosho Mo

19. (a) 12-13-1943 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. Day: 10 Year: 1943 Hour: 10 Minute: a.m. A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1943, to Dec 10, 1943, that I last saw him alive on Dec 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration: 107

Due to: .....

Due to: .....

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? .....
While at work? ..... (Specify type of place) (e) Means of injury: —

23. Signature: J. R. Fitzgerald (M. D. or other) MD
Address: Neosho Mo Date signed: 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-10-44
District Health Officer No.
District File Number 1243-252
Date Filed 1-10-44

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.