S. No. 2
DM—2-43
v. 5-17-39
-1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14939

FILED APR 26 1944

Registration District No. 2006 Primary Registration District No. 2001 Registrar's No. 173

19
2
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**1. PLACE OF DEATH:**
(a) County: Jasper
(b) City or town: Joplin, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 wk + (Specify whether
In this community: 41 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Jasper
(c) City or town: Carl Junction
(If outside city or town limits, write "RURAL")
(d) Street No.: 309 N Roney
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: John Edward Smith
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: M
6. (b) Name of husband or wife: Jessie Snowden Smith
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Nov (Month) 29 (Day) 1862 (Year)

8. AGE: Years 81 Months 2 Days 4 If less than one day hr. min.

9. Birthplace: Albany (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Supt. of schools
11. Industry or business:
FATHER 12. Name: John Griffith Smith
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lettie Witten
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Jessie Snowden Smith
(b) Address: 309 N Roney, Carl Jct., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6 (Month) (Day) (Year)
(c) Place: burial or cremation: Carl Junction Cemetery
18. (a) Signature of funeral director: Roberts Funeral Service
(b) Address: Carl Junction, Mo.
19. (a) 4-3-44 (Date received local registrar) (b) Gertrude Dieshotter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 3rd year 1944 hour 4:35 o'clock P. M.
21. I hereby certify that I attended the deceased from Jan 20, 1944, to April 3, 1944, that I last saw him alive on April 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic valvular heart — Duration 2 yrs
Due to: Chronic Nephritis
Due to:
Other conditions: Decompensation heart
(Include pregnancy within 3 months of death) Uremia
Major findings:
Of operations:
Of autopsy: 131 P

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: Jay E. Thompson M.D. (M. D. or other)
Address: 708 Thomas Bldg Joplin Date signed April 3-44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-4-323

OCT 2 1946

## 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.**