

FILED **JUL 26 1945**

Registration District No. **258**

Primary Registration District No. **2001**

Registrar's No. **316**

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

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:
Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Dora Belle Smith**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **William A. Smith** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 5, 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **Lawton Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **M. K. York**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **not known**
15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **William A. Smith**

(b) Address **Asbury, Missouri**

17. (a) **Pearlman** (b) Date thereof **7-14-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant View Cemetery Lawton, Kansas**

18. (a) Signature of funeral director **Parker Hunsaker**

(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **7-12-45** (b) **Arthur J. Smith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1945** hour **4** minute **40** P. M.

21. I hereby certify that I attended the deceased from **July 1**, 19**45** to **July 10**, 19**45**
that I last saw her alive on **July 10**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart & Respiratory failure
Due to **Parotitis**
Due to **Cholecystectomy**

Other conditions **None**
(Include pregnancy within 5 months of death)

Major findings: **Infected gall bladder Duodenitis**
Of operations _____
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? _____
(Specify type of place)
(e) While at work? _____
(f) Means of injury **2**

23. Signature **W.E. Hedler** (Date) **7/11/45**
Address **521 West 4th, Joplin, Mo**

45-7-590

APR 12 1959

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 *W. Jones*

Licensed Embalmer No. 2319

P. O. Address Jones 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.