

FILED AUG 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. 24250

Registration District No. 135

Primary Registration District No. 3127

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1301 W. Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. Iron Gates
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Julia K. 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, widowed

6. (b) Name of husband or wife Martin Smith
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: December 19, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 7 hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name William Buckley

13. Birthplace Virginia /
(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 Lorell Smith

(b) Address 1301 W. Broadway, Webb City, Mo.

17. (a) burial (b) Date thereof 7/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond, Missouri
PARKER-HUNSAKER

18. (a) Signature of funeral director
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) July 28, 1945 (b) vs. Lillia Laga
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1945 hour 3 minute A M.

21. I hereby certify that I attended the deceased from July 15⁴⁵ to July 26⁴⁵
that I last saw her alive on July 17⁴⁵
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage today
Due to: Arterio Sclerosis 1 yr

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 97
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
3. Signature: L. L. Verleur (M. D. or other)
Address: Joplin Mo Date signed: 7-26-45

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

MOTHER FATHER

1180

45-7-6 25

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. 3319

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.