

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30803

State File No. _____

Registration District No. N-6

Primary Registration District No. 2201

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Atawala^{79/1}

(c) City or town Picher³⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 2008 So Picher st
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)²

If yes, name country _____

3. (a) PRINT FULL NAME Ethel Marlene Smith

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased (Month) (Day) (Year) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 23rd, year 1945 hour 12 am, minute _____ M.

21. I hereby certify that I attended the deceased from 9/22/45 6 AM, 19____, to 9/23/45, 19____; that I last saw her alive on 9/22/45, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 7 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Picher Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or Business _____

MOTHER FATHER

12. Name Myrtle Smith

13. Birthplace Adaedia Jones
(City, town, or county) (State or foreign country)

14. Maiden name Maime Jones

15. Birthplace Picher Okla
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Smith

(b) Address Picher Okla

17. (a) Removal (b) Date thereof 9/20/45
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla

18. (a) Signature of funeral director John T. Sund

(b) Address Picher Okla

19. (a) 2201 (b) Ed Jones
(Date received local registrar) (Registrar's signature)

Immediate cause of death acute enteritis, Dehydration fever.

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 11/12

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 R. C. Tenbrink (M. D. or other) M.D.

Address 304 Frisco Bldg Date signed 9/27/45

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

1404

Joplin, MO

45-9-796

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.....

John H. Durnil
John H. Durnil

Licensed Embalmer No.

P. O. Address.....

Picher Okla

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.