

FILED JAN 21 1946

Registration District No. 156

Primary Registration District No. 3001

Registrar's No. _____

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: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 63 years
(Specify whether years, months or days)
 In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 601 Club 5
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Martha Ann Smith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph Smith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 4, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name William Criss
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Margett Ruler
 15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Smith
 (b) Address 601 Club, Joplin, Missouri

17. (a) Burial (b) Date thereof 12-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cemetery

18. (a) Signature of funeral director PARKER HUNSAKER

(b) Address 1502 Joplin Joplin, Mo

19. (a) 12 22 45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
 year 1945 hour 1 minute 8 M.

21. I hereby certify that I attended the deceased from October 1, 1945
October 1, 1945 to Oct. 1, 1945;

that I last saw her alive on October 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart With broken compensation (Dropsy)

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
 Of autopsy None

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 _____

23. Signature A. W. Winchester M. D. or other _____

Address 620 W. Main Joplin Date signed 12-20-45

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

100494

45-12-1018

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..... *7319*

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.