

FILED FEB 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 136

Primary Registration District No. 301

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County: Jasper

(b) City or town: Joplin

(c) Name of hospital or institution: Joplin General

(d) Length of stay: In hospital or institution: XXXXX 1 hr

In this community: _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Oklahoma (b) County: Ottawa 99?

(c) City or town: Wyandotte RFD #1 34

(d) Street No.: 5 Mi So. of Wyandotte Okla 0

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

If yes, name country: _____

3. (a) PRINT FULL NAME: Odell Levi Smith

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced, single 0

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: November 22 1945

8. AGE:

Years	Months	Days	If less than one day
--	2	2	hr. min.

9. Birthplace: Wyandotte Okla

(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: Ernest Smith

13. Birthplace: Missouri

14. Maiden name: Francis Tyrick

15. Birthplace: Ottawa Co Okla 1

16. (a) Informant: Juan Smith

(b) Address: Wyandotte, Okla Rfd 1

17. (a) burial (b) Date thereof: Jan 25 1946

(c) Place: burial or cremation: Seneca Cem

18. (a) Signature of funeral director: Ed Chase

(b) Address: Seneca Mo

19. (a) 2-14-46 (b) Ed Chase

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th

year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 24 1946 to Jan 24 1946

that I last saw him alive on Jan 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Tobacco Pneumonia

Duration: 5 days

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(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: John G Roberts (M.D. or other) 20

Address: _____ Date signed: _____

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

5141

46-1-103

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.....

Licensed Embalmer No.....

P. O. Address.....

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.