

REGISTERED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6200**

Registration District No. **155**

Primary Registration District No. **4246**

Registrar's No. **311**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Carl Junction**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
616 So. Roney St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **74 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carl Junction**
(If outside city or town limits, write "RURAL")
(d) Street No. **616 So. Roney St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **9**
year **1946** hour **11** minute **15 P.** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Noted ELLEN Wright Smith** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Apr 5 - 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 7**, 19**46** **Feb 9**, 19**46**
that I last saw him alive on **Feb 8**, 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Angina Pectoris** Duration **3 days**

8. AGE: Years **74** Months **8** Days **4** If less than one day
hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **aut.**

MOTHER FATHER
9. Birthplace **Indiana** (City, town, or county) (State or foreign country)
10. Usual occupation **Drilling Contractor**
11. Industry or business _____
12. Name **James Wm. Smith**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Harriet Shore**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)
16. (a) Informant **Lily Smith - daughter**
(b) Address **2149 Linn St. Joplin Mo.**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **2-13-1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **Carl Junction Cemetery**
18. (a) Signature of funeral director **Paul Roney General Service**
(b) Address **Carl Junction Mo.**
19. (a) **2-13-46** (Data received local registrar) (b) **C. L. Alberty** (Registrar's signature)

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 **C. L. Alberty** (M. D. or other) **Feb 12**
Address **Carl Junction Mo.** Date signed

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

131

Mo

1946

46-2-173

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 2319

P. O. Address Poplar 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.