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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43532

Registration District No. 156 Primary Registration District No. 2001 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: St. John Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 2 years
years, months or days)

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") 5
(d) Street No. 828½ Pearl
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES G. 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 Married 1
6. (b) Name of husband or wife Lucy Smith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 17 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	7	hr. min.

9. Birthplace Galena, (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Owned American Beauty Shop
11. Industry or business
FATHER
12. Name William Smith
13. Birthplace (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name Millum Taylor
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Lucy Smith 1
(b) Address 828½ Pearl, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill, Galena, Ks.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 12-27-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1946 hour 11:20 minute P M.
21. I hereby certify that I attended the deceased from Dec 9, 46 to Dec 24, 1946
that I last saw him alive on Dec 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Surgery gastro-enterostomy
Due to
Other conditions Complete Anuria
(Include pregnancy within 3 months of death)
Major findings: Of operations Partial obstruction gastric ulcer
Of autopsy

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 12/27/46

138

(Licensed Embalmer's Statement on Reverse Side)

46-12-1209

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. 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.