

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

FILED FEB 13 1947
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 314 Sergeant 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1-3 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 314 Sergeant Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Mary SMETZER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour 5 minute 40 a. M.

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

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

7. Birth date of deceased June 3 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1947 to _____, 1947
that I last saw her alive on 1/10/47 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Johnstown Penna
(City, town, or county) (State or foreign country)

Immediate cause of death Wrenium 2dy

Due to Serivility -

10. Usual occupation _____

11. Industry or business Retired

12. Name John Jacob Schell

13. Birthplace Shellsburg Penna
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pitt

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

Due to Myeloma - 1 1/2 year

Other conditions fractured hip
(Include pregnancy within 3 months of death)

16. (a) Informant Mrs W. O. Evans

(b) Address 314 Sergeant

Major findings: fractured hip

Of operations: X

Of autopsy _____

17. (a) Removal (b) Date thereof Jan 13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills, R.C. Mo

18. (a) Signature of funeral director Harvill Dillon

(b) Address Jasper Mo

19. (a) 1-11-47 (b) Ed Danner
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) 22

(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) (c) _____ (Specify type of injury)

23. Signature Ed Danner (M. D. or other) _____
Address Jasper Mo Date signed 1/10/47

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

47-1-47

NOV 19 1951

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(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

3. (a) PRINT FULL NAME Anna M. Smeltzer
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 wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June 3 (Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 19 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
Due to fractured hip - one year ago
Other conditions _____ (include pregnancy within 6 months of death)
Major findings: fell at hospital
Of operations _____

PHYSICIAN

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

Of autopsy _____

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

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

(b) Date of occurrence None

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

S-1547