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1-45
7-39
K47070

FILED MAY 16 1947
1946

Registration District No. _____

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 JOHNS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **ONE DAY**
(Specify whether
In this community **TEN MONTHS**
years, months or days)

3. (a) PRINT FULL NAME **JESSE EDWARD SMITH**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color of race **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ROSA LEE** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **OCT 29th 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 22 hr. min.

9. Birthplace **HOGAN MT. - MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED RAILROAD MAN**

11. Industry or business _____

MOTHER FATHER

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 **THOS. W. SMITH**

(b) Address **JOPLIN, MO: rr 2 box 152**

17. (a) **Removal** (b) Date thereof **4-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caldwell, Kansas**

18. (a) Signature of funeral director **PARKER HUNSAKER**

(b) Address **JOPLIN, MO:**

19. (a) **4-23-47** (b) **Dolores Sampson, D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **NEWTON**
(c) City or town **JOPLIN**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 2 Box 152 A**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **20th**
year **1947** hour **6** minute _____ p.M.

21. I hereby certify that I attended the deceased from **April 19**
1947 to **April 20, 1947**
that I last saw him alive on **April 20, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Toxemia from pneumonia** Duration _____
Due to **Right upper middle lobar and left lower lobar pneumonia**

Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

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) _____
Signature **E. Ernest Johnson** (Date or only) _____
Address **617 Frisco Bldg, Joplin, Mo.** Date signed **4/21/47**

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

47-4-381

JUL 22 1947

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.