S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21394

FILED JUL 10 1947

Registration District No. 756 — Primary Registration District No. 2001 — Registrar's No.

49
2
5

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

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: Deffelt Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Min. (Specify whether
In this community 39 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1032 Main (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Smith
3. (b) If veteran, name war
3. (c) Social Security No. 496-20-4781
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 2 (Day), 1901 (Year)

8. AGE: Years 45 [redacted] Months 9 Days 7 If less than one day hr. min.

9. Birthplace Manila (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Trucker
11. Industry or business City Market

FATHER
12. Name Wm. Smith
13. Birthplace " Unkown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nola Jameson
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Craft
(b) Address 420 E. "C", Picher, Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Miami Cemetery, Miami, Okla.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-10-47 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1947 hour 3:15 minute A M.
21. I hereby certify that I attended the deceased from Did Not Attend, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 44

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

Coronary Investigation

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature A. Th. Deffelt (M. D. or other) DO
Address 214 Joplin Date signed 6/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-55

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.