

FILED FEB 4 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.....

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

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 St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether in this community since Sept 1947 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. 410 W. 1st St
(If rural, give location)

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

3. (a) PRINT FULL NAME Milton R. Smith

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1948 hour 4 minute 10 a. M.

21. I hereby certify that I attended the deceased from 9-3-47 to 1-4-48
that I last saw him alive on 1-4-48 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Irene 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 22 1871
(Month) (Day) (Year)

Immediate cause of death Cardio Vascular Renal Disease 9/3/47

8. AGE: Years Months Days If less than one day

76 2 14 hr. min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Mc Comb Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Snelain Pipe Line Co

12. Name don't know

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name don't know

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert O. Cash

(b) Address 201 Sergeant Ave

17. (a) Burial, cremation, or removal Burial (b) Date thereof Jan 7 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Harshel Wilton

(b) Address Jasper 2001

19. (a) 1-6-48 (b) Calvin Hopkins
(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations.....

Of autopsy None

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.....

Signature J. R. Fisher (M. E. of Health) 1/6/48
Address Jasper Mo Date signed

PHYSICIAN

Underline the cause of which death should be charged statistically.

48-1-46

FEB 9 1948

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 _____

Jesse Q Sullivan Registered Apprentice No. 99
working under my personal supervision.

Signed Edw. M. Dwyer
Licensed Embalmer No. 53566

P. O. Address Japan 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.