

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

181077

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
FILED MAY 5 1948

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:  
721 St. Louis St. 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.....  
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. 721 St. Louis St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JOHN LEE SMITH  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 1  
year 1948 hour 6:03 minute P. M.

4. Sex MALE 0 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife JANETTA L. SMITH  
(c) Age of husband or wife if alive 66 years  
7. Birth date of deceased FEBRUARY 18 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20, 19 48 to April 1, 19 48;  
that I last saw him alive on April 1, 19 48;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 1 13 hr. min.

Immediate cause of death Cerebral Hemorrhage 12 hrs.  
Due to Arterial Hypertension 3 yrs.

9. Birthplace POWELL Missouri 0  
(City, town, or county) (State or foreign country)

Due to Chronic Nephritis 3 yrs.  
Other conditions Hypertthyroidism 20 yrs  
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

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

11. Industry or business  
12. Name FRANCIS MARION SMITH  
13. Birthplace KNOXVILLE TENNESSEE 1  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET JONES  
15. Birthplace POWELL Missouri 0  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 13/10  
Of autopsy.....

16. (a) Informant Wayne Smith  
(b) Address 721 St. Louis Joplin Mo.

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?.....

17. (a) BURIAL (b) Date thereof 4-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation oakwood CEMETERY

18. (a) Signature of funeral director Corey Thompson  
(b) Address nearby mo  
19. (a) 4-3-48 (b) Robert Sampson  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) \_\_\_\_\_  
Means of conveyance \_\_\_\_\_  
3. Signature W. M. ... (M. D. or other)  
Address 1000 Joplin St., Joplin, Mo. Date signed 4-3-48

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

MOTHER FATHER

**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 *Corley Thompson*.....

Licensed Embalmer No. *3259*.....

P. O. Address *Neosho 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.**