

FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19885

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jane Chinn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 day (Specify whether
In this community 62 yr. years, months or days)

3. (a) PRINT FULL NAME ROBERT J. SMITH

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

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

6. (b) Name of husband or wife Bertha M. Smith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 29 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Foundryman

11. Industry or business

12. Name David Smith

13. Birthplace no data
(City, town, or county) (State or foreign country)

14. Maiden name Jane Halpine

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

16. (a) Informant Bertha M. Smith

(b) Address 329 S. Liberty Webb City, MO

17. (a) Burial (b) Date thereof 6-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cem.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) JUNE 19; 1948
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 329 S. Liberty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17
year 1948 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from 6-13-48
to 6-17-48
that I last saw him alive on March 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 1 year

Due to

Due to 9303

Other conditions (Include pregnancy within 3 months of death)

Major findings: Emphysema of both lungs
Of operations [Signature]
Of autopsy [Signature]

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) (e) Means of injury [Signature]

Signature [Signature] (M. D. or other)
Address Webb City, Mo Date signed 6/17/48

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..... *[Signature]*
Licensed Embalmer No. *2859*
P. O. Address..... *[Signature]*

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.