

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

WRITE PLAINLY—USE 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:
1107 Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 40 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME JOSEPH WESLEY SMITH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 11 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Body & Fender Worker

11. Industry or business No record

MOTHER FATHER

{ 12. Name Thomas Smith 9

{ 13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Jessie Gray 9

{ 15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Smith

(b) Address 1107 Monroe, Joplin, Mo

17. (a) Burial (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Mo

19. (a) 12-15-48 (b) _____ (c) _____
(Date received local registrar's certificate) (City, town, or county) (State or foreign country)

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. 1107 Monroe
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1948 hour 2 minute p. M.

21. I hereby certify that I attended the deceased from Nov 5, 1948 to Dec 9, 1948
that I last saw him alive on Dec 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion

Other conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 940

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) Manner of injury _____

Signature [Signature] (M. D. or other) _____

Address 1085 Maple St, Joplin, Mo Date filled Dec 10-48

DEC 22 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.....
....., 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.