

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **294**

1. PLACE OF DEATH:
(a) County **JASPER**
(b) City or town **DOPLIN**
(c) Name of hospital or institution: **GENERAL HOSPITAL**
(d) Length of stay: In hospital or institution **13 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **KANSAS** (b) County **Cherokee**
(c) City or town **BAXTER SPGS.**
(d) Street No. **607 W. 11th St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **JACKIE SUE SMITH**
3. (b) If veteran, **Yes** name war _____
3. (c) Social Security No. _____

4. Sex **FEM** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 15, 1949**

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

9. Birthplace **BAXTER SPGS. KANSAS**

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **John W. Smith**

13. Birthplace **Oklahoma**

14. Maiden name **Connie Flowers**

15. Birthplace **Kansas**

16. (a) Informant **Mrs. John Smith**

(b) Address **Baxter Spgs. Kansas**

17. (a) **Removal** (b) Date thereof **7-2-49**

(c) Place: burial or cremation **Hillcrest Cem. Delmar, Ky.**

18. (a) Signature of funeral director **Blosser-Deurnke mortuary**

(b) Address **Baxter Spgs. Kansas**

19. (a) **7-7-49** (b) **E. D. JAMES**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1949** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **6-15-49** to **July 2, 1949**
that I last saw her alive on **July 2, 1949**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac & Respiratory Failure**
Due to **malnutrition**

Due to **congenital atresia of pylorus of stomach**
Other conditions **None**
Major findings: **L. C. Pickrell Do**

Of operations _____
Of autopsy **congenital malformation of stomach**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

While at work? _____ (Specify type of place) _____
(c) Means of injury **No**

23. Signature **L. C. Pickrell** (M. D. or other) **Do**
Address **Baxter Springs** Date signed **7-5**

MOTHER FATHER USE CONTINUING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-9-49

Jasper County Health Office

County File Number 49-7-525

Date Filed 7-12-49

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 Rex N. Shewmake

Kansas Licensed Embalmer No. 1998

P. O. Address Baxter Spg. Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.