DEC 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41608
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper
(b) Township:
(c) City: Joplin
Registration District No.: 411
Primary Registration District No.: 2002
Registered No.:
(d) Street No.: N. Main - R.F. - Joplin, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mr. John E. Smith
(a) Residence, No.: Stone's Corner Joplin Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: About 56 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Insurance Agent
9. Industry or business in which work was done, as saw mill, bank, etc.: Agent
10. Date deceased last worked at this occupation (month and year): 2 yrs ago
11. Total time (years) spent in this occupation: 22 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston Ark.

FATHER
13. NAME: J. M. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chattanooga Tennessee

MOTHER
15. MAIDEN NAME: Julia L. Carney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Van Buren Ark.

17. INFORMANT (ADDRESS): Son, Ben Smith Van Buren Ark.
18. BURIAL, CREMATION, OR REMOVAL: Oak Grove PLACE, Van Buren Ark. DATE Nov 28, 1937
19. FUNERAL DIRECTOR (ADDRESS): Acker Funeral Home Van Buren Ark.
20. FILED 11-26, 1937 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to Nov 26, 1937
I last saw him alive on June 5, 1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous nephritis	?
Other contributory causes of importance: Chr. myocarditis	?

Name of operation: None Date of:
What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James A. O'Brien, M. D.
(Address) 614½ Main St. Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)