

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

36410
 Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH *Jasper* Registration District No. *417*
 (a) County, *Jasper* Primary Registration District No. *3024* Registered No. *97*
 (b) Township, *JOPLIN*
 or City, *Webb City* (d) Street No. *829 AUSTIN* 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. *2* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Pearl Geneva Smith*
 (a) Residence, No. *829 Austin* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *infant*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *infant*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 9 1939*

7. AGE YEARS ***** MONTHS ***** DAYS *21* If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) *Webb City* 0
 (STATE OR COUNTRY) *Missouri* 0

FATHER 13. NAME *Ray Smith* 0
 14. BIRTHPLACE (CITY OR TOWN) *Missouri* 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Mildred Peoples*
 16. BIRTHPLACE (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)

17. INFORMANT *Mildred Smith (mother)*
 (ADDRESS) *Webb City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Webb City, Mo.* DATE *11/2/39* 19.

19. FUNERAL DIRECTOR (NAME) *Hedge Nelson*
 (ADDRESS) *Webb City, Mo.*

20. FILED *OCT. 31. 39* 19. *L. J. Anderson*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 30*, 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 9 - 1939* to *Oct 30*, 19*39*
 I last saw him alive on *Oct 28*, 19*39*. Death is said to have occurred on the date stated above, at *11 A.* m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth Date of onset *OCT. 9. 39*

Other contributory causes of importance: *15A*

Name of operation Date of operation *NO*
 What test confirmed diagnosis? Was there an autopsy?

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) *C. J. Sorey*, M. D.
 (Address) *Webb City, Mo.*

RECEIVED

District Health Officer No. 6,

District File Number 1139-2242

Date Filed NOV 8 1939

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.....

E. W. Hedge....., Registered Apprentice No.....
working under my personal supervision.

Signed E. W. Hedge
Licensed Embalmer No. 2859
P. O. Address West Pitty

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, above space should be left blank.