

FILED MAR 17 1949
Registration District No. 711

Primary Registration District No. 2002

Registrar's No. _____

9
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. John's Hospital 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 211 1/2 East 7th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hellen M. Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1941 hour 1:00 minute 8 M.

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

21. I hereby certify that I attended the deceased from July 4, 1941 to July 5, 1941
that I last saw her alive on July 4, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

Immediate cause of death General Carcinoma of Pelvis - Primary
Regime included

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

7. Birth date of deceased January 3, 1874
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 52

8. AGE: Years 67 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Smith

(b) Address 211 1/2 E 7th, Joplin, Missouri

17. (a) Burial (b) Date thereof 2-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Lanpher Mortuary

(b) Address Joplin, Missouri

19. (a) 2-6-41 (b) Ed James
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

372
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Hellen (M. D. or other) 2

Address Joplin mo Date signed 2-5-41

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.

2,319

P. O. Address

Japhier 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.