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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11009

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

49
2
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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: 1513 Grand St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / None (Specify whether

In this community Life / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

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

(d) Street No. 1513 Grand St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Kenneth LeRoy Smith

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXX

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased October 11 (Month) 1924 (Day) (Year)

8. AGE: Years 16 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Cheyenne (City, town, or county) Wyoming / (State or foreign country)

10. Usual occupation School Boy

11. Industry or business School

FATHER
12. Name Marx Smith
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pansy Daily
15. Birthplace Beggs (City, town, or county) Oklahoma / (State or foreign country)

16. (a) Informant Jack Kelly
(b) Address Joplin Mo. 3-31-41

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof XXXXXX (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Park

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 3-31-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 15, 1941 to Mch 30, 1941 that I last saw him alive on Mch 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sarcoma left cheek	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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 (Specify type of place)

While at work? (e) Means of injury

23. Signature H L Cerlbur (M. D. or other) 11

Address Joplin Mo Date signed 3-31-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-351

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 Sam E Sensenney Jr

Licensed Embalmer No. 4099

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.