

13-40
17-39
X23152

APR 15 1941

Registration District No. **411**

Primary Registration District No. **5569**

Registrar's No. _____

1. PLACE OF DEATH: **JASPER**
 (a) County **JASPER**
 (b) City or town **Joplin - Rural - Galena**
 (c) Name of hospital or institution: **3 MILES N.W. of Joplin - Rural**
 (d) Length of stay: In hospital or institution **NONE R.3**
 In this community **30 YRS.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **JASPER**
 (c) City or town **Wm Joplin - Rural**
 (d) Street No. **1 LONE Elm - Galena - O R. 3 -**
 (e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **FRANK ALVIN SMITH.**

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

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NINA -** 6. (c) Age of husband or wife if alive **19** years

7. Birth date of deceased **Mch 5 - 1911**

8. AGE:	Years	Months	Days	If less than one day
	30	0	12	hr. min.

9. Birthplace **DADE CO MO**

10. Usual occupation **MINER**

11. Industry or business **MINING**

12. Name **W.A. SMITH**

13. Birthplace **DADE Co MISSOURI**

14. Maiden name **AODE BRENER**

15. Birthplace **BARTON Co MISSOURI**

16. (a) Informant **Nina Smith** (b) Address **Lone Elm**

17. (a) **Burial** (b) Date thereof **7-21-41**

(c) Place: burial or cremation **OSBORNE MEMORIAL**

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

19. (a) **3-18-41** (b) **W. J. Osborne**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3** day **17**
 year **1941** hour **9** minute **15 P.M.**
 21. I hereby certify that I attended the deceased from **July 30 1937**
 to **March 4 1941**
 that I last saw him alive on **March 4 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **10 yrs**

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? _____
 (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 **W. J. Osborne** (M. D. or other) _____
 Address **401 Pacific Bldg** Date signed **3-18-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

509

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46-4-334

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. Seneaney 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.