

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34043

State File No. _____
Registrar's No. 469

Registration District No. 156 Primary Registration District No. 2001

49
528

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. Johns
(d) Length of stay: In hospital or institution 20 Yrs
In this community 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Joplin
(d) Street No. 917 Mo.
(e) Citizen of foreign country? No

49
528

3. (a) PRINT FULL NAME Samuel Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-16-926

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 20th year 1942 hour 4 minute 30 A.M.

4. Sex M 5. Color or race C
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Nov 20th 1891

21. I hereby certify that I attended the deceased from Oct-10 to Oct-28
that I last saw him alive on Oct-28 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to to cardiac insufficiency
Duration _____

8. AGE: Years 50 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Clarksville Miss

10. Usual occupation Common Laborer

11. Industry or business Common Laborer

MOTHER FATHER
12. Name Sam Smith
13. Birthplace Miss
14. Maiden name Anna McDonald
15. Birthplace Miss

Other conditions (include pregnancy within 3 months of death) 1316
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lucille Smith
(b) Address 917 Mo. Parkway
17. (a) Burial (b) Date thereof 10 31 42
(c) Place: burial or cremation

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? _____

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo
19. (a) 10-31-42 (b) Herbert S. Schaeffer

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature C. C. County (M. D. or other)
Address 300 Prince St Joplin Date signed 10-27-42

S.F.

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

1204

935

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. 2319

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.