

FILED JAN 15 1943

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 545

1. PLACE OF DEATH:

4/8
28
5
(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:
926 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME

Onlie W. Smith

3. (b) If veteran, name war _____

3. (c) Social Security

No. 500-01-6661

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thelma Smith
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased: Jan. 29 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 1 9 hr. _____ min.

9. Birthplace Elmira Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER
12. Name David Smith
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thelma Smith

(b) Address 926 Sergeant

17. (a) burial (b) Date thereof Dec. 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Mem.

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin

19. (a) 12-10-42 (b) Arthur D. Schaefer
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

49
28
5
(a) State Mo. (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 926 Sergeant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1942 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 1937 to Dec. 10 1942
that I last saw him alive on Dec. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7 hrs.
Due to hypertension & myocardial infarction various 2 yrs.
Due to _____

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

Major findings: 940
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) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X
(Specify type of place)
While at work? Y (e) Means of injury 0

23. Signature G. T. Tolson (M. D. or other) M.D.
Address Joplin, Mo Date signed 12-10-42

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

72-12-1098

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 Josephine 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.