

S. No. 2  
M-542  
7-5-17-39  
I X32872

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10587

State File No. ....

Registrar's No. 188

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: Lone Elm Rd. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 49 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lone Elm Road.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MARY Cassie Smith.

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

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

6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased April 2nd 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 24  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name No Record

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

14. Maiden name " " " " 9

15. Birthplace " " " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Woodard

(b) Address 807 Broadway Jasper, Mo

17. (a) Burial, cremation, or removal: Cremation  
(b) Date thereof: 3/27/43  
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Memorial Park

18. (a) Signature of funeral director: Marshall Dillon Mortuary

(b) Address: Jasper, Missouri

19. (a) 3-27-43 (b) Disturb Dinkworth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26 year: 1943 hour: 6 minute: 35 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to March 26, 1943 that last saw her alive on March 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. arteriosclerosis 290

Due to: Hypertension 3400

Due to: ✓

Other conditions: ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations: ✓

Of autopsy: ✓

Duration 290

3400

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) ✓

(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?

(Specify type of place)

(e) Means of injury

23. Signature: W B Chapman (M. D. or other)

Address: Jasper, Mo. Date signed: 3/29/43

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

MOTHER FATHER

1204

(Licensed Embalmer's Statement on Reverse Side)

43-3-29P

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 Carl A. Hornhill

Licensed Embalmer No. 3590

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.