

LED JUN 10 1943 - 7  
Registration District No. ....

Primary Registration District No. 5582

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Jackson Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jasper Co. Alms Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)

In this community 40 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Mo. (b) County Jasper 0

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Carthage, Mo. #4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Olive Ethel Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 1866 years

7. Birth date of deceased July 21 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from May 19 1943 to May 24 1943;  
that I last saw him alive on May 19 1943;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 10 3 hr. min.

Immediate cause of death  
Senile dementia

Due to .....

Due to .....

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

10. Usual occupation Domestic

11. Industry or business .....

12. Name John Garfield.  
Unknown Ohio /

13. Birthplace .....

14. Maiden name Charity Montgomery

15. Birthplace Unknown Ind. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Jones  
(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof 5/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill  
Ed. C. Ulmer

18. (a) Signature of funeral director  
(b) Address Carthage, Mo.

19. (a) May 25 '43 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

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

Major findings:  
Of operations .....

Of autopsy .....

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? .....

While at work? .....

23. Signature R. W. Webster (M.D.)  
Carthage Mo. Date signed May 25 1943

MOTHER FATHER

1203

43-5-461

**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: *Eddevelmer*

Licensed Embalmer No. *2222*

P. O. Address. *Parthage*

**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.**