

V. S. No. 2  
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Rev. 5-17-39.  
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28518

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 453

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
(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:  
Derfelt Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three Days  
(Specify whether  
In this community 3 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton 7-9  
(c) City or town Diamond  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Orpha Estle Smith  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 9th  
year 1943 hour 2:38 minute A. M.  
21. I hereby certify that I attended the deceased from Aug. 6th  
1943 to Aug. 9th 1943  
that I last saw h. E. F. alive on Aug. 9th 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cleve 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased April 25 1899  
(Month) (Day) (Year)

Immediate cause of death  
Cardiac Failure  
Due to Nephrosity  
Cardiac Renal  
Disease  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
44 3 14 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

11. Industry or business None  
12. Name Annon Fennimore  
13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence James  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Cleve Smith  
(b) Address Diamond Missouri  
17. (a) Burial (b) Date thereof 9 11 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fulerton Cemetery  
18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage Mo.  
19. (a) 9-10-43 (b) Arthur Sudholter  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature A. W. Derfelt (M. D. or other) \_\_\_\_\_  
Address 3114 Joplin Date signed 8/12/43

48-7-701

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**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..... *John D. Patchelder* .....

Licensed Embalmer No. *4153*

P. O. Address..... *Carthage 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.**