S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3249

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 23

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 4½ months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2530 Main Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

49
2
5

3. (a) PRINT FULL NAME Rebecca Ann Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 19, 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	4	21	hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Robert Smith
13. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Betty Farris
15. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robert Smith
(b) Address 2530 Main, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 1-11-44 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1944 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from 1-8-44, 19..., to 1-9-44, 19...; that I last saw her alive on 1-9-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pyelonephritis with acidosis	2 days
Due to: Bronchopneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

1330

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Howard (M.D. or other)

Address Joplin, Mo. Date signed 1-11-44

1254

(Licensed Embalmer's Statement on Reverse Side)

44-1-28

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.