

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14945**

FILED **MAY 15 1944**

Registration District No. **107**

Primary Registration District No. **5582**

Registrar's No. **89**

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:
Rt #4 Box 453 Carthage, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt #4 Box 453 Carthage Mo**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARtha Florence Studyin**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **April** day **9**, year **1944** hour **6** P minute _____ M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
7. Birth date of deceased: **Dec 30 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 5, 1944** to **4-8-44**, 19**44** that I last saw her, alive on **4-8-44**, 19**44** and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **3** Days **9** If less than one day _____ hr. _____ min.

Immediate cause of death: **Cardiac Decompensation**
Due to **Arteriosclerosis**
Due to **Hypertension**

9. Birthplace **Dalina Tenn**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Housewife**

Major findings: **9502**
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Stephen S. K. Smith**
13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Ruth Rich**
15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clyde Studyin**
(b) Address **Rt #4 Box 453 Carthage Mo**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
Date of occurrence _____

17. (a) **Rural** (b) Date thereof **4-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Diamond Cem**

(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? _____

18. (a) Signature of funeral director **Thornhill-Dillon**
(b) Address **Joplin, Missouri**

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) **April 12 '44** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

23. Signature **Ed James** (M. D. or _____)
Address **Joplin, Mo** Date signed **4-11-44**

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

MOTHER FATHER

1265

44-4-365

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..... *Beida Thornhill*.....

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.