

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4 mos
FILED FEB 8 1945
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 64

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
710 N. Broadway St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 710 N. Broadway St 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Daniel Smith
3. (b) If veteran, name war UNK
3. (c) Social Security No. UNK

20. DATE OF DEATH: Month Jan day 21
year 1945 hour 6 minute 30 A.M.

MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from Unattended by physician 1945;
that I last saw him recently alive on Jan 21, 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud Ethel Smith 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan 5, 1873
(Month) (Day) (Year)

Chronic Myocarditis

8. AGE: Years 71 Months 7 Days 16 If less than one day
hr. min.

Due to

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

Due to

10. Usual occupation Planer

Other conditions (includes pregnancy within 3 months of death) 930
Major findings: Of operations

11. Industry or business Planing Mill
12. Name Joseph Hiram Smith
13. Birthplace UNK UNK
(City, town, or county) (State or foreign country)
14. Maiden name Mary Maria
15. Birthplace UNK UNK
(City, town, or county) (State or foreign country)

Physician

16. (a) Informant Maud Ethel Smith
(b) Address 710 N. Broad, Spfld. Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence

17. (a) Removal (b) Date thereof Jan 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Missouri

(c) Where did injury occur? (City or town) (County) (State)

18. (a) Signature of funeral director Bred P. Hickey
(b) Address 1100 Bonnull Ave, Spfld. Mo.
19. (a) 1-22-45 (b) B. W. Haverly
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
23. Signature Mo. B. W. Haverly Registrar
Address Springfield Mo Date signed 1/22/45

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

5
9061
12261

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 Fred C. Thieme,

^a
Licensed Embalmer No. 2899,

P. O. Address Springfield 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.

X