

S. No. 2.
M-2-43
7. 5-17-39
X33507

20630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10

Registration District No. 155

Primary Registration District No. 5578

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper Twp.

(c) Name of hospital or institution Chapel Dequense
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jasper

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

(d) Street No. 64 x Dequense
(If rural, give location)

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

3. (a) PRINT FULL NAME Chester C. Smith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 11, 1945 to June 11, 1945
that I last saw him alive on June 11, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Neva Mae 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February 2, 1901
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

8. AGE: Years 44 Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business Fire & Lead

12. Name Doss Smith

13. Birthplace MO (City, town, or county) (State or foreign country)

14. Maiden name Cora Daniels

15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Neva Mae Smith

(b) Address 64 x Dequense

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill Dellen

(b) Address 305 W. 4th St. Joplin

19. (a) June 14, 1945 (Date received local certificate) (b) Wm. Phillip Eagle (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 G. E. Gout (M. D. or other) _____
Address Joplin Mo Date signed 6-14-45

128
21/45

1130

JUN 22 1945

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

Cecil A. Harshel

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.