. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20012

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 494

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

(d) Length of stay: In hospital or institution: 6 Weeks (Specify whether years, months or days)
In this community: 40 Years

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.: 430 W. Scott St. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME: JO CARRIE SMITH

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frank J. Smith

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

7. Birth date of deceased: September (Month) 28, (Day) 1869 (Year)

8. AGE: Years 76 Months 8 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Holly Springs, (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: James Wilbourn
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Minerva Meek
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Jesse E. Smith
(b) Address: 430 W. Scott St., Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: Fred U. Thieme
(b) Address: Springfield, Mo.

19. (a) 6-12-46 (Date received local registrar) (b) B. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1946 hour 11:00AM minute ..... M.

21. I hereby certify that I attended the deceased from 3-22 1946, to 6-10 1946, that I last saw he alive on 6-10 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myelogenous leukemia chronic	7 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
Of autopsy:	

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: Bruce Lemmon Jr. M.D.
Address: 600 Med. Arts, Springfield, Mo. Date signed: 6-11-46

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Thomas

Licensed Embalmer No. 3681

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.