. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17767

State File No.

Registration District No. 157

Primary Registration District No. 3228

Registrar's No. 130

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ½ day (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Carthage Route 3 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country: --------

3. (a) PRINT FULL NAME: Theta Belle Smith
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Gib Smith
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: March (Month) 23 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
19	2	8	hr. min.

9. Birthplace: Carthage, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: at home
11. Industry or business: --------

MOTHER FATHER
12. Name: Nelson Myers
13. Birthplace: Ozark County (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Edna Severs
15. Birthplace: unknown (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Nelson Myers
(b) Address: Route 3, Carthage
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: June 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 6-2-47 (Date received local registrar) (b) R. B. Cantrell (Registrar's signature) 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 (31) year 1947 hour 7:45 minute A. M.
21. I hereby certify that I attended the deceased from Dec 19 Not attended; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock-typhoid Internal Bleeding	
Due to: Fractured-Leg-Right	
Due to: Practically Dead for	
Other conditions (Include pregnancy within 3 months of death): Heart Hit by Car	

Major findings: Of operations: Compound Fracture of Femur
Of autopsy:

PHYSICIAN: Write in the interval between the time which death is known to have occurred and the hour at which you last saw the deceased alive, if practically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 5/30/47
(c) Where did injury occur? Carthage Jasper Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury: Hit by Car
23. Signature: D. W. Dwyer M. D. (M. D. or other)
Address: 314 Joplin Date signed 6/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

47-6-491

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 Frank W. Knell Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.