

FILED JUL 10 1947  
Registration District No. 136

Primary Registration District No. 2001

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution 1312 Virginia Ave.

(d) Length of stay: In hospital or institution 50 Years

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin

(d) Street No. 1312 Virginia St.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Alfred Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased January 13 1869

8. AGE:	Years	Months	Days	If less than one day
	78	4	17	br. min.

9. Birthplace Dade County, Mo.

10. Usual occupation Ret. Farmer

MOTHER FATHER

11. Industry or business

12. Name Andy Smith

13. Birthplace Unknown Tenn.

14. Maiden name Evora Devine

15. Birthplace Unknown Tenn.

16. (a) Informant Elvis Smith

(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof

(c) Place: burial or cremation Greenfield, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 6-3-47 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30

year 1947 hour 7:30 minute 4

21. I hereby certify that I attended the deceased from 19 [Signature]

that I last saw [Signature] alive on 19 [Signature]

and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion

Due to [Signature]

Due to [Signature]

Other conditions [Signature]

Major findings: Of operations 94%

Of autopsy [Signature]

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? [Signature]

(d) Did injury occur in or about home, on farm, in industrial place, in public place? [Signature]

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed [Signature]

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

47-6-534

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.....

*F. M. Jones*

Licensed Embalmer No. 2319

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.