S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44402

State File No.

FILED JAN 17 1946

Registration District No.

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 403 Club
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orastus Edgar Smith
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Delia
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 28, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Dedrick Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name S. W. Smith
13. Birthplace unknown
(City, town or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Burnstine
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Delia Smith
(b) Address 403 Club, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-47
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Park
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 11-29-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 8 minute 30 P M.
21. I hereby certify that I attended the deceased from Nov-10, 1947 to Nov-24, 1947
that I last saw him alive on Nov-24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 108

Duration

PHYSICIAN

Underline the cause of 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 E E Cook (M. D. or other)
Address Joplin Date signed 11-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1027

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. 2519

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.