DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35605
State File No.

NOV 15 1940
Registration District No. 411

Primary Registration District No. 5569

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City, or town Rural: ~~Galena~~ ~~Twp.~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 Miles NE of Joplin 2 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 3 Miles NE Of Joplin (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Joseph Smitherman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased March (Month) 19 (Day) 1844 (Year)

8. AGE: Years 96 | Months 7 | Days 10 | If less than one day ____ hr. ____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 20, 1940 to Oct 29, 1940 that I last saw him alive on Oct 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate cause of death Coronary Thrombosis due to Gangrene of Left Foot	3 Mo.
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

9. Birthplace Green County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country)

FATHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Lawson Smitherman
(b) Address R.R. Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Undl Co.
(b) Address 212 Joplin St. Joplin Mo.

19. (a) 11-1-40 (Date received local registrar) (b) Ed D James (Registrar's 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? (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 James E. O'Brien (M. D. or other) Nov 1 1940
Address 614 Main St Joplin Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

40-11-540

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 Sam E Sweeney MD

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.