

NOV 15 1940
Registration District No. 411

Primary Registration District No. 5669

Registrar's No.

1. PLACE OF DEATH: Jasper
(a) County: Jasper
(b) City or town: Rural: ~~Jasper~~ Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles NE of Joplin 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Joseph Smitherman
3. (b) If veteran, 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 19 1844
(Month) (Day) (Year)

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

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

10. Usual occupation: Retired Farmer
11. Industry or business: Farming

12. Name: No Record
13. Birthplace: No Record
(City, town, or county) (State or foreign country)
14. Maiden name: No Record
15. Birthplace: No Record
(City, town, or county) (State or foreign country)

16. (a) Informant: James Smitherman
(b) Address: RFD Joplin Mo

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

18. (a) Signature of funeral director: Harebirt and Co.
(b) Address: 212 Joplin St. Joplin Mo.

19. (a) 11-1-40 (b) Ed J. Jarro
(Date received local registrar) (Registrar's signature)

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.

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: Josephine due to Gangrene of left Anterior-schrosis
Due to: arterio-schrosis
Due to: 47

Other conditions: 47
(Include pregnancy within 3 months of death)

Major findings: Of operations: 47
Of autopsy: 47
PHYSICIAN: 47
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?

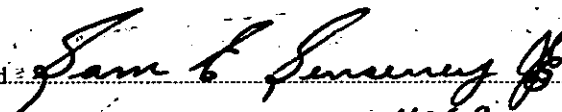
372 (Specify type of place)
While at work? (e) Means of injury: 241.0

23. Signature: James G. O'Brien (M. D. or other)
Address: 614 1/2 Main St Date signed: Nov 1-1940

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



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.