

DEC 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38631

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 1139
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 4 da. (f) How long in U. S., if of foreign birth? yrs. mos. 10 da.

2. PRINT FULL NAME Louisa Hunter Smith,

(a) Residence, No. _____ St. Vancouver, B.C.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Smith,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen
Scotland,

13. NAME Robert Hunter,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen
Scotland,

15. MAIDEN NAME Gene Gay,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittem Weem,
Scotland,

17. INFORMANT Mrs. Robert Hunter
(ADDRESS) Vancouver, B.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vancouver, B.C. DATE Nov. 14th, 1938

19. FUNERAL DIRECTOR (NAME) Heaton Bell & Co.,
(ADDRESS) 319 So. 10th, Str. St. Joseph,

20. FILED 11-14, 1938 H. J. Neithard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1938, to Nov. 14, 1938.

I last saw her alive on Nov. 13, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Face,
(Mandible, & chin).

Date of onset

Nov. 1937

Other contributory causes of importance:

unknownName of operation none Date of _____What test confirmed diagnosis? S. & P. Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) E. M. Shores, M. D.(Address) 317 1/2 High Street, St. Joseph, Mo.

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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, Nov 13, 19

or by

Registered Apprentice No. , working under my personal supervision.

Signed W. E. Summersfield

Licensed Embalmer No. 3007

P. O. Address 317 So. 10th St. St.

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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38631
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 83
(b) Township Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1139

2. PRINT FULL NAME

Louisa Hunter Smith
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of face
irradiable + skin
primarily of lower lip.
Other contributory causes of importance: 45

Date of onset

9 months duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Shores, M. D.

(Address) St. Joseph

SUPPLEMENT

WRITE CAREFULLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

