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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 10085
Township Washington — Primary Registration District No. 1001 — Registered No. 243
City St. Joseph, MO (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Robert Earl Smith
(a) Residence, No. 2303 Mitchell Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single; New born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-39
7. AGE: Years New born — Months — Days — If LESS than 1 day, 4 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, 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) St. Joseph, Missouri Missouri

FATHER
13. NAME Harry Earl Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri Missouri

MOTHER
15. MAIDEN NAME Mae Sinclair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiawathia, Kansas Kansas

17. INFORMANT (ADDRESS) Harry Earl Smith 2303 Mitchell Ave. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph, Mo. DATE Mar. 11, 1939
19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 1802 Union St. St. Joseph, Mo.
20. FILED March 10 1939 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 9, 1939
I last saw him alive on March 9, 1939 Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth — Date of onset 3/9/39
Other contributory causes of importance: 15A
Name of operation — Date of
What test confirmed diagnosis? ✓ 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) A. P. [illegible] M. D.
(Address) 5007 1/2 [illegible] St. Joseph, Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No.___

hereby certify that the body recorded on the reverse side of

Certificate was embalmed by _____

or by _____, Registered Apprentice No.___

(Signed) _____ Licensed Embalmer No. 32-5

Albert E. Harrington

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his own handwriting. (Failure to comply with the above regulation constitutes grounds for revocation of lic