

REC'D AUG 11 1939

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

25052
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 719
(c) City St. Joseph, (d) Street 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 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Warren Smith,

(a) Residence, No. Robinson, Kansas, St. Robinson, Kansas,
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Assistant
9. Industry or business in which work was done, as saw mill, bank, etc. Postmaster,
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County, Kansas,

13. NAME Henry Smith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

15. MAIDEN NAME Sophia Cowley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

17. INFORMANT (ADDRESS) Mrs. J. D. Snyder, Hiawatha, Kansas,

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson, Ks. DATE July 12th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Traton - Billings, 319 So. 10th. Str. Hiawatha, Mo.

20. FILED July 12 1939 A. J. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to July 12, 1939
I last saw him alive on July 12, 1939. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Cerebral hemorrhage Date of onset July 9
938'

Other contributory causes of importance: Chronic Hypertension 3
Myocarditis 2
Cerebral thrombosis 1938'

Name of operation Cerebral Date of 1938'
What test confirmed diagnosis? Cerebral 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) H. S. Conrad, M. D.
_____, (Address) St. Joseph, Mo.

WRITE CLEARLY, 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.

1 X 14623

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *July 12, 19*

or by

Registered Apprentice No....., working under my personal supervision.

Signed *W. E. Summerfield*

Licensed Embalmer No. *3087*

P. O. Address *319 South H Street*

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.