

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

35535  
Do not use this space.

1. PLACE OF DEATH NOV 20 1939

(a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 1054  
 (c) City St. Joseph (d) Street No. 2508 South 12th 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy Ann Smith  
 (a) Residence, No. 2508 South Twelfth 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Truman Clark Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1856</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>16</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>			
	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) <u>Harden County, Ohio</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Green Butcher</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Diana Unknown,</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs. Carrie Stauffer,</u> (ADDRESS) <u>2508 South Twelfth, St. Joseph</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>St. Joseph, Mo.</u> PLACE <u>Ashland Cemetery,</u> DATE <u>October 17, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Faraon St., St. Joseph</u>				
20. FILED <u>Oct 17, 1939</u> <u>W. J. Neetelbud</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>October 15, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>June 6, 1939, to Oct 13, 1939</u> I last saw her alive on <u>Oct 13, 1939</u> Death is said to have occurred on the date stated above, at <u>1:10 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Rheumatism</u> <u>neuritis of sciatic nerves</u> <u>arteriosclerosis</u> Date of onset <u>5 months</u>	
Other contributory causes of importance: <u>59 yr</u>	
Name of operation <input checked="" type="checkbox"/>	Date of <input checked="" type="checkbox"/>
What test confirmed diagnosis? <u>Clinical</u>	Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify <u>Charles J. Hennessey</u> (M. D.) (Address) <u>Kirkpatrick Bldg., St. Joseph, Mo.</u>	

WRITE PLAINLY, 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.

Amount - 2-3331  
Receipt from

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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, or by.....

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

Signed..... *J. H. Kelly* .....

Licensed Embalmer No. *Mo.* 3946 .....

P. O. Address *St. Joseph, Missouri.* .....

**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.**