

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

**14365**  
 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. 456  
 (c) City St. Joseph 2 (d) Street No. 2103 Bartlett 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.

**2. PRINT FULL NAME** Catherine Smith

(a) Residence, No. 1120 South 12th, St. 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1886  
 7. AGE YEARS 54 MONTHS 1 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic  
 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) St. Joseph, Missouri

FATHER 13. NAME George White  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

MOTHER 15. MAIDEN NAME Hannah Richey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri

17. INFORMANT (ADDRESS) Minnie White 2012 S. 5th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 4-23-'40

19. FUNERAL DIRECTOR (ADDRESS) Graves Funeral Home 806 S. 17th, St.

20. FILED Apr 23 1940 H. J. Bartlett Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 19 April 1940 to 19 April 1940  
 I last saw her alive on 19 April 1940. Death is said to have occurred on the date stated above, at 11:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 4-19 '40

Other contributory causes of importance: 940  
 Name of operation None Date of None  
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No. Date of injury None  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify None  
 (Signed) H. J. Bartlett M. D.  
 (Address) 1808 Messanie St. Joseph

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.

STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 948 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

A. T. Moore

Licensed Embalmer No. 948

**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.)**