

No. 2
10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21242

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 647

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
2906 Monterey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 41 years
years, months or days)

3. (a) PRINT FULL NAME MARY DOKE SMITH 530

8. (b) If veteran, name war none 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Waller C. Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 6th. 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Ralls County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business home

12. Name Thomas Doke

13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bruce

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Hinds

(b) Address 2906 Monterey St. Joseph

17. (a) burial (b) Date thereof JUNE 13, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address ST. JOSEPH, MO.

19. (a) 6/13/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Monterey
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 26
_____, 1939, to June 11, 1940;
that I last saw her alive on June 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration unknown

Due to Arteriosclerosis General unknown

Due to Fracture Lx hum Sept 6 1939

Other conditions 186 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 26 1939

(c) Where did injury occur? At home slipping & fall to floor
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home St. Joseph, Mo

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Chastain H. Han (M. D. or other) 1 M.D.
Address Kirkpatrick Bldg. St. Joseph, Mo Date signed 6/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 C. L. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.