

Registration District No. 80 Lake Township Primary Registration District No. 5121 Registrar's No.

1. PLACE OF DEATH:

(a) County. BUCHANAN - Mo.  
(b) City or town. HALLS - MO - RURAL  
(c) Name of hospital or institution: RFD #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 75 YRS. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. BUCHANAN  
(c) City or town. HALLS - MO - (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #1 Lake Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME. JOHN LOUIS SMITH

3. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex. Male 5. Color or race. white 6. (a) Single, widowed, married, divorced. Married  
(b) Name of husband or wife. Carrie E. Smith 6. (c) Age of husband or wife if alive. 62 years  
7. Birth date of deceased. June 3 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 4 If less than one day hr. min.

9. Birthplace. Osage Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. David Smith

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

14. Maiden name. unknown

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

16. (a) Informant. Mrs. B. J. Harris

(b) Address. St. Joseph Mo

17. (a) Burial, cremation, or removal. Burial (b) Date there. Nov 10 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation. Bethel Cem

18. (a) Signature of funeral director. Roy Stamer

(b) Address. St. Joseph Mo

19. (a) Nov 12 1940 (b) D. H. Kingery  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. NOV day 7 year 1940 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from 11/3/40 to 11/7/40, 1940

that I last saw him alive on 11/7/40 and that death occurred on the date and hour stated above.

Immediate cause of death. Latent Pneumonia Bilateral

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy. no

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).

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

84 no injury

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

23. Signature. J. E. Stamer (M. D. or other)

Address. 2624 St. Joseph Ave Date signed 11/8/40

**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

John H. Hurley, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

**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, fact should be so stated above.**