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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1906

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2746 Penn 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2746 Penn 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ellen Catherine Smith

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife William O. Smith
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased April (Month) 1 (Day) 1854 (Year)

8. AGE: Years 86 Months 9 Days 30 If less than one day hr. min.

9. Birthplace Schuylkill County (City, town, or county) Pa. 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
FATHER
12. Name Adam Fredrick
13. Birthplace Schuylkill County (City, town, or county) Pa. 1 (State or foreign country)
MOTHER
14. Maiden name Sabina Bockard
15. Birthplace Schuylkill County (City, town, or county) Pa. 1 (State or foreign country)
16. (a) Informant J. L. Smith
(b) Address 2746 Penn. St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.
19. (a) 2-3-1941 (Date received local registrar) (b) H. J. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1941 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from January 30, 1941, to January 31, 1941; that I last saw her alive on January 31, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Complete cessation of cardiac function

Due to Acute cholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death) 10.6

Major findings:
Of operations —
Of autopsy Distention of ... lithiasis of gall bladder

Duration

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? 8 E (Specify type of place) 7
While at work? (e) Means of injury

23. Signature G. E. Stevenson (M. D. or other) D. O.
Address 801½ Francis Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

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 Geo E. Daniel

Licensed Embalmer No. 3300

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, fact should be so stated above.