No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6340

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 218

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: St. Charles Hotel, 5th & Charles Strs.
(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)
In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 5th & Charles, St. Charles Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years. 0

3. (a) PRINT FULL NAME: Rose Smith
3. (b) If veteran, name war: None
3. (c) Social Security No. 491-10-9469
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Edna
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: August (Month) 28 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
59	5	21	hr. min.

9. Birthplace: Bethany (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Manager
11. Industry or business: Hotel

FATHER
12. Name: William Smith
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Emma Price
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: James L. Smith
(b) Address: St. Charles Hotel, St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Missouri
19. (a) 2/21/41 (Date received local registrar) (b) H. Mittebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1941 hour 12 minute 35 p. m.
21. I hereby certify that I attended the deceased from 2/19/41, 19..., to 2/19, 1941, that I last saw him alive on 2/19, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 hrs.
Due to: Hypertension	?
Due to: arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No operation	
Of autopsy: No 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)
(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? (Specify which place)
While at work? (e) Means of injury

23. Signature: M. H. Talty (M. D. or other) M. D.
Address: Corby Bldg., St. Joseph Date signed 2/20/41

(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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.