

3. No. M-14 Rev. 5-17-39

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 10110

Registration District No. 05

Primary Registration District No. 1001

Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County Buchanan (b) City or town St. Joseph (c) Name of hospital or institution Missouri Methodist Hospital (d) Length of stay: In hospital or institution 5 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt (c) City or town near Craig Rural (d) Street No. near Craig (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Lee Smith

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single (b) Name of husband or wife (c) Age of husband or wife if alive years 7. Birth date of deceased Oct 30 1940

8. AGE: Years 0 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name John Silas Smith 13. Birthplace Galesburg Kansas (City, town, or county) (State or foreign country) 14. Maiden name Katharine Pfleumer 15. Birthplace Craig Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John S. Smith (b) Address Craig, Mo.

17. (a) Removal (b) Date thereof 3 15 41 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation D.O.F. - Craig, Mo.

18. (a) Signature of funeral director Walter L. Scholer (b) Address Craig, Mo.

19. (a) 3/14/41 (b) J. J. Westphal (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 41 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 13, 1941, to March 14, 1941, that I last saw him alive on Mar. 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 days

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

23. Signature W. Roger Moore (M.D. or other) Address St. Joseph, Mo. Date signed 3/14/41

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

107

2311
22nd

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 Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address: Craig, 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.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 308

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

John Lee Smith

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

4. Sex m 5. Color or race w 6. (e) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 14 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchitis pneumonia
Diphtheria
Influenza
Duration 2 da
1 wk

Other conditions (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) _____
(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 type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W Roger Moon (M. D. or other) M.D.
Address St Joseph Mo Date signed 6/11/41

SUPPLEMENTAL

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

S-10110 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.