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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27851

Registrar's No. 843

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: 417 North 10th. St. (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: 41 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.: 417 North 10th. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robinson Henry Smith
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: 707-07-4211

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lurla Mae
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: January (Month) 7 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: Buda (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Railway Brakeman
11. Industry or business: Burlington Railroad
FATHER 12. Name: Joseph P. Smith
FATHER 13. Birthplace: Newport (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name: Adaline Black
MOTHER 15. Birthplace: Newport (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mrs. Lurla Mae Smith
(b) Address: 417 North 10th. St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 24, 1941 (Month) (Day) (Year)
(c) Place: Burial or cremation: York, Nebraska
18. (a) Signature of funeral director: Hatter Meirchoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.
19. (a) 8-22-1941 (Date received local registrar) (b) H. J. Gestlebach M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 21 year: 1941 hour: 1 minute: 15 P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Aug 21, 1941, to ____, 19____; that I last saw ~~living~~ ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by fire arms — Duration: 1 day.
Due to: Man shot himself in the mouth with a 32 Caliber pistol
Due to: bullet penetrated brain through the soft palate left side
Other conditions (Include pregnancy within 3 months of death):
Major findings: Man suffered a stroke of paralysis - Oct. 1940
Of operations: His mind has been defective [Since then
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): Suicide
(b) Date of occurrence: Aug 21 - 1941
(c) Where did injury occur? St Joseph (City or town) Buch. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his home (Specify type of place)
While at work? no (e) Means of injury: Pistol

23. Signature: H F Mundy (M. D.) Coroner
Address: 404 Lo. St. St Joseph Date signed: 8/22/41

(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 Walter Meierhoffer Jr., Registered Apprentice No. 302 working under my personal supervision.

Signed Walter Meierhoffer Sr.

Licensed Embalmer No. Mo. 1890

P. O. Address St. Joseph, Mo.

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.