

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 7770

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO. HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 2 da.
(Specify whether
In this community 1 mo. 2 da.
years, months or days)

3. (a) PRINT FULL NAME Fannie Smyser
3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John G. Smyser 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 29 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>8</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name William Gill
13. Birthplace Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Watson
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Imper

(b) Address Green City Mo.

17. (a) Burial (b) Date thereof Dec-9-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director William E. Hunt

(b) Address Green City, Mo.

19. (a) 12/7/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North 115
(c) City or town Grant City, Rural. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1941 hour 10 minute 25 a.m.

21. I hereby certify that I attended the deceased from Sept 3 1941 to Dec 7 1941;
that I last saw her alive on Dec 6 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia myelogenous

Due to —
Due to —

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

Major findings: —
Of operations —
Of autopsy no.

Duration 6 Mos.
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 H. S. Conrad (M. D. or other) M. D.
Address St Joseph Mo Date signed 12-7-41

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

DEC 17 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 Archie W Wade
Licensed Embalmer No. 3037
P. O. Address Green City,

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.