

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

6007

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 178

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST. JOSEPH - PATERA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1024 LINCOLN STR.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN  
(c) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1024 LINCOLN D  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

ADELLA-C- SMITH

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Frank L. Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Apr 15 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Owillea Loomis  
13. Birthplace Mich (City, town, or county) (State or foreign country)  
14. Maiden name Clara A. Nichols  
15. Birthplace Mich (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. C. Logsdon  
(b) Address 1420 W 2nd

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. Auburn Cem

18. (a) Signature of funeral director Roy Stoney  
(b) Address St. Joseph Mo

19. (a) Feb 21 1942 (Date received local registrar) (b) A. G. Northrup (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 19 year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 19 1942 to Feb 19 1942  
that I last saw her alive on Feb 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration Byst

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature Dr. Johnson (M. D. or other) MD  
Address Superior Mo Date signed 2-19-42

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

1972

*Mr. Ferguson  
Keokuk, Iowa*

**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 *John Roy Stoney*  
Licensed Embalmer No. *2435*  
P. O. Address *St Joseph 7th*

**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.**