

Registration District No. 86

Primary Registration District No. 1561

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:
522 1/2 N. 10th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 65 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. 522 1/2 N. 10th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fidelis Francis Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 497-12-300

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1942. hour 6 minute 35P M.

21. I hereby certify that I attended the deceased from May 7
1942 to May 7 1942
that I last saw him im alive on May 7
and that death occurred on the date and hour stated above. 1942

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Smith

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 24 1862
(Month) (Day) (Year)

Immediate cause of death Ac Myocarditis Duration 9 da.

8. AGE: Years 80 Months 0 Days 13
If less than one day hr. min.

Due to Age

Due to _____

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

9. Birthplace Wilkes-Barre Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bricklayer

11. Industry or business Whalen-Feeney Cons'g Co.

MOTHER { 12. Name Levy Smith

{ 13. Birthplace Wilkes-Barre Penn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Wirick

{ 15. Birthplace Wilkes-Barre Penn.
(City, town, or county) (State or foreign country)

Major findings: Of operations 93

Of autopsy no

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

16. (a) Informant Mrs. Frances Smith

(b) Address 522 1/2 N. 10th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 9, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Wm. A. Schindler

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-9-42 (b) Roe Henry
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H. B. Kearby M.D. (M. D. or other)
Address St. Joseph, Mo. Date signed 5-8-42

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

11
1
7

MAY 26 1900

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 *Herman W. Seufelder*

Licensed Embalmer No. 2428

P. O. Address St. Joseph, 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.