

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:
430 North 17th. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
(Specify whether
 In this community 62 years
years, months or days)

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. 430 North 17th. Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country L

3. (a) PRINT FULL NAME Melville Thomas Smith
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 11th.
 year 1942 hour 6 minute 30 P. M.

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Juliette B. Smith
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased November 17 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/11/42
 19 to 5/11/42 19;
 that I last saw h. im alive on 5/11/42 19;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>24</u>	hr. min.

Immediate cause of death Coronary thrombosis 12 hrs
 Due to Coronary sclerosis
 Due to General atherosclerosis
Chl. myocarditis ?
 Other condition Valvular heart disease
(Include pregnancy within 3 months of death)
cardiac hypertrophy

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

10. Usual occupation Clerk

11. Industry or business County Assessor

MOTHER FATHER

12. Name George T. Smith
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Celeste B. Bray
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 928
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Melville B. Smith
 (b) Address 430 No. 17th. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 13 & Faraon St. St. Joseph, Mo.

19. (a) 5213-42 (b) Roe Heagy
(Data 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?
(Specify type of place)

While at work? _____ (e) Means of injury 0
 23. Signature MW Kane (M. D. or other) MD
 Address 224 9th. ave. St. Joseph Date signed 5/13

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

11
1
7

Dr. Moore

12 21
15

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.