

V. S. No. 2
DM-9-4-41
5-17-39
PI 2811

10485

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

APR 15 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 77

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RESIDENCE, 711 S. FULLER.
(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) 41 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")

(d) Street No. 711 S. FULLER.
(If rural, give location)

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

3. (a) PRINT FULL NAME HYRUM O. SMITH

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 1943 hour 5 minute 45 A M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HARRIETT SMITH

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

7. Birth date of deceased. 12 15 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 7, 1938 to March 11, 1943
that I last saw him alive on March 4, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 2 26 hr. min.

Immediate cause of death. Cerebral Hemorrhage 5 years
Repeated once at intervals since
Due to General Arterio-sclerosis Yes
Chronic Nephritis Yes
Uremia Yes

9. Birthplace BANDERA TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MISSIONARY

Other conditions (Include pregnancy within 3 months of death) General Atherosclerosis

Major findings: 1318

Of operations.....

Of autopsy.....

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

11. Industry or business REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS.

12. Name SPENCER SMITH

13. Birthplace TIoga COUNTY NEW YORK
(City, town, or county) (State or foreign country)

14. Maiden name ANNA CHRISTIANA WIGHT

15. Birthplace ALLEGHANEY COUNTY NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PEARL GARDNER

(b) Address 711 S. FULLER

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.....

23. Signature Frank Grabeke (M. D. or other)
Address Independence, Mo Date signed 3/11/43

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation MOORE GROVE CEMETERY

18. (a) Signature of funeral director James W. Ross

(b) Address 815 W. MAPLE AVE

19. (a) 3-13-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

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

48
4
11

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.....

- - Licensed Embalmer No.....

P. O. Address.....

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.