S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17432

FILED JUN 8 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 592

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

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: 2823 South 22nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 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. 2823 South 22nd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KLONDA MARIE SMITH
3. (b) If veteran, name war none
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elza E. Smith
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Jan. (Month) 8 (Day) 1911 (Year)

8. AGE: Years 32 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Cunningham (City, town, or county) Kansas (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Charles Lane
13. Birthplace Bedford (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Elizabeth Beale
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Elza E. Smith
(b) Address St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Heaton BeGole + Bowman
(b) Address St. Joseph, Mo.
19. (a) May 24, 1943 (Date received local registrar) (b) Rae Hugo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from July 15, 1942, to May 12, 1943, that I last saw her alive on May 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Met. Carcinoma of Sigmoid (Second).	Aug 42
Due to Carcinoma (Body) uterus (Primary).	Apr 42
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Same - 48 h
Of autopsy None

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 Frank H. Hardegan (M. D. or other)
Address 620 Francis St. Date signed May 22/43

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

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 James A Moles

Licensed Embalmer No. 3296

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.