

FILED JUN 29 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 6293

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 12 years

3. (a) PRINT FULL NAME Erma Blouch Smith

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased December 1 1896

8. AGE: Years 46 Months 6 Days 2
If less than one day hr. min.

9. Birthplace Davis Co Mo. O

10. Usual occupation Housewife

11. Industry or business

12. Name Levi Bickel
13. Birthplace Unknown Mo. O
14. Maiden name Unknown
15. Birthplace Unknown Mo. O

16. (a) Informant Ray Smith
(b) Address R 3 St. Joseph Mo.
17. (a) Burial
(b) Date thereof 6/5/43
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Hester, Oetle & Bowman
(b) Address St. Joseph Mo.
19. (a) 6/4/43 (b) Use Hergoy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural St. Joseph
(d) Street No. Route 73
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour 6 minute 10 a.m.
21. I hereby certify that I attended the deceased from 6.1.43
6.3.43, 19 to 19
that I last saw her alive on 6.3.43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 2 days

Due to 0
Due to 0
Other conditions 6
Major findings: Of operations 0
Of autopsy 0

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 6
23. Signature [Signature] (M. D. or other)
Address St. Joseph Mo. Date signed 6.4.43

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

MOTHER FATHER

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 Robert D. Geph

Licensed Embalmer No. 3308

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.