

FILED AUG 5 1940

Registration District No. 42

Primary Registration District No. 1000

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether)

In this community _____
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. Ribodoux Hotel
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET BRICK SMITH

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 3:50 minute P.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred J. Smith

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

7. Birth date of deceased July 29 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6.20.43
_____, 19____, to 6.29.43, 19____;
that I last saw h. w alive on 6.29.43, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>0</u>	_____ hr. _____ min.

Immediate cause of death Coronary occlusion

Duration 5 min.

9. Birthplace White Cloud Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions 126
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Edward F Brick

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Dunlesoy

15. Birthplace County Clair Ireland
(City, town, or county) (State or foreign country)

Major findings: Gal - stone

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs Henry M. Cooper

(b) Address Coronado Beach, California

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

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Thomas W. Sidenfaden

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

19. (a) 7-3-43 (b) Rose Helzog
(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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Ryan (M.D. or other)
Address St. Joseph Mo. Date signed 6.2.43

OCT 20 1943

SEP 8 1943

OCT 7 1943

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 John J. Hurley
Licensed Embalmer No. 4050
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.