

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1129

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
1417 Felix

(d) Length of stay: In hospital or institution _____
In this community 9 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 1417 Felix

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Richard Smeha

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Smeha

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Unknown 1869

8. AGE: Years 74

Months _____ Days _____

If less than one day hr. _____ min. _____

9. Birthplace: Syria

10. Usual occupation: Market Man

11. Industry or business _____

12. Name: Joseph Smeha

13. Birthplace: Syria

14. Maiden name: Chenaney Feisal

15. Birthplace: Syria

16. (a) Informant: Mrs Sarah Smeha

(b) Address: 1417 Felix, St. Joseph, Mo.

17. (a) Burial

(b) Date thereof: Oct. 12, 43

(c) Place: burial or cremation: Mount Olivet

18. (a) Signature of funeral director: Norman W. Sedufeder

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

19. (a) 10/12/43 (Date received local registrar)

(b) Rose Heizer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10

year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased on Oct 10 1943, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Duration: 94 hr

Due to: man died suddenly while at his home alone, without previous illness

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: as usual at the market

Of operation: On Oct 9th, he was preparing to shape at the time of his death.

Of autopsy: No

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: H.F. Mendeny 3 (Coroner)

Address: 404 10 30 St Joseph Mo

Date signed: 10/12/43

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

1233

APR 24 1944

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 L. 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.