S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 41725

Registration District No. 62

Primary Registration District No. 1000

Registrar's No. 1453

**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: Missouri Methodist. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 Years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County Holt 44

(c) City or town Mound City. 1
(If outside city or town limits, write "RURAL")

(d) Street No. ..... 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

**3. (a) PRINT FULL NAME** Louise Mae Smith.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 6th, 1878.
(Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | I | 23 | hr. min. |

9. Birthplace Holt County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Work.

11. Industry or business .....

FATHER
12. Name Henry Walker.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mann
15. Birthplace Ohio. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J Cave Smith
(b) Address Mound City. Mo.

17. (a) Burial (b) Date thereof I/3/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty Cemetry.

18. (a) Signature of funeral director W H Crawford
(b) Address Mound City, Mo.

19. (a) 1-3-44 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

1253

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 29th, year 1943. hour 4 minute PM.

21. I hereby certify that I attended the deceased from Dec 27 - 1943 to Dec 29 - 1943; that I last saw her alive on Dec 29 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary Embolism | 10 min |
| Due to Idiopathic hemorrhage into rectus muscle | 2 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations Hemorrhage
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 Paul Forgran (M. D. or other) MD

Address St Joseph, Mo Date signed 12-31-43

(Licensed Embalmer's Statement on Reverse Side)

## 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. H. L. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City 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.**