

FILED FEB 9 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 68

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 3 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. 2508 Faraon
(If rural, give location)

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

3. (a) PRINT FULL NAME Ronald Frederick Smith

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1944 hour 2 minute 15A M.

21. I hereby certify that I attended the deceased from 10-27-43
_____, 19____, to 1-19, 1944
that I last saw him alive on 1-18, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 30 1934
(Month) (Day) (Year)

Immediate cause of death Pyo-Hydro-nephrosis over 2 mo

Due to Mod Perinephritis Abscess

Due to Sept embolism

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 13381

8. AGE: Years Months Days If less than one day

9	2	19	hr. _____ min.
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9. Birthplace Bethel Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation school

11. Industry or business Thomas Edson School

12. Name Paul L. Smith

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

14. Maiden name Helen Dbersam

15. Birthplace Fillmore Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul L. Smith

(b) Address 2509 Faraon

17. (a) burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Mo.

18. (a) Signature of funeral director Heaton Bethel & Bowman

(b) Address 319 South 10th

19. (a) 1/20/44 (b) Rose Heygo
(Data 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Heaton Bethel & Bowman (M. D. or other) MD
Address 218 1/2 N 7th St signed 1-19-44

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

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

Dr. Clifton Smith
21877. 7th

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 Elmer Thomas

Licensed Embalmer No. 2640

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.