DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21158

Primary Registration District No. 10-0

Registrar's No. 629

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: R.F.D. # 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 months (Specify whether years, months or days)

In this community: 46 years

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.: R.F.D. # 6
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Harriet R. Smith

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James A

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

7. Birth date of deceased: September (Month) 16 (Day) 1871 (Year)

8. AGE: Years 72 Months 8 Days 16 If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

MOTHER FATHER

12. Name: Johnathan Church

13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Sarah Day

15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Herman Boller (Son)

(b) Address: 810 Rudy St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation: King Hill Cemetery

18. (a) Signature of funeral director: John C. Kruff

(b) Address: 6054 Pryor Ave., City

19. (a) 6-4-44 (Date received local registrar) (b) Helen [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 4 minute 57 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1944 to June 2, 1944 that I last saw her alive on May 31, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency — Duration: 6 months duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Acute Conjunctivitis — Duration: 19 days

Major findings:
Of operations:

Of autopsy: 92 b

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: Fenton [illegible] (M. D. or Coroner)

Address: 109½ West Missouri Ave. Date signed: 6-3-44

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(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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.