

REC JUN 30 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 663

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: Ms. Mich Hoap 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 days 0
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DE KALB
(c) City or town WEATHERBY 39
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GIBSON SMITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife MARY SMITH 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased SEPT. 25 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 20 If less than one day hr. _____ min. _____

9. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

10. Usual occupation HUMBERTMAN

11. Industry or business _____

12. Name JOHN SMITH

13. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

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

16. (a) Informant Harley Smith 9
(b) Address McIney Hotel, Des Moines

17. (a) Removal (b) Date thereof 6-15-45
(Date, occasion, or removal) (Month) (Day) (Year)

(c) Place: burial or interment WEATHERBY MO

18. (a) Signature of informant PACHER FUNERAL HOME
(b) Address MARYSVILLE

19. (a) 6-15-45 (b) Walter Ruckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1945 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 10, 1945 to June 15, 1945
that I last saw him alive on June 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 24870.
Constrictive
Due to Intestinal obstruction 3 days
Valvular of ileum
Due to Adhesions - gangrenous
bowel.
Other conditions No hypertension
(Include pregnancy within 3 months of death) myocarditis

Duration

PHYSICIAN

Major findings: Obstruction
Of operations of ileum adhesions
Of autopsy not done 23.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1

(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 H. S. Soward (M. D. or other) _____
Address St. Joseph Mo Date signed 6-16-45

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

will be

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 _____

[Handwritten Signature]

Licensed Embalmer No. _____

3960

By _____

Raymond M. [Signature]

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.