

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1946 - STANDARD CERTIFICATE OF DEATH

STATE BOARD OF HEALTH OF MISSOURI

State File No. **8615**
Registrar's No. **304**

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 3138 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 years
In this community 62 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3138 Penn
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Lew W. Smith
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12
year 1946 hour 2 minute 30 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Alice Smith
(c) Age of husband or wife if alive, years 27
7. Birth date of deceased February 27 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 8 to Mar 12 1946
that I last saw alive on Mar 12 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 0 15 hr. min.

Immediate cause of death Broncho pneumonia 5 days
Due to _____
Due to _____

9. Birthplace Perryville Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation retired wholesale furnitur

Other conditions Demerol
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 109

11. Industry or business _____
12. Name Frederick Smith
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank W. Smith
(b) Address Little Rock, Ark
17. (a) burial (b) Date thereof 3/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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 kind of place)
(e) Means of injury _____

(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director W. J. Neff
(b) Address St. Joseph, Mo.
19. (a) Mar 15, 1946 (b) H. J. Neff
(Date received local registrar) (Registrar's signature)

23. Signature John D. Byrne (M. D. 109)
Address St. Joseph, Mo Date signed 3-13-46

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

7547

34

Mr. J. D. Byrnes
Corley Bldg.

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 12 Mar

....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
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.