

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED DEC 2 1946
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1298**

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:
2301 Charles St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME Kathleen E. 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 Single

6. (b) Name of husband or wife None **6. (c) Age of husband or wife if alive** * years

7. Birth date of deceased March 27 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>21</u>	hr. min.

9. Birthplace Phillipsburg Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (Retired)

11. Industry or business Gas service Co.

MOTHER FATHER

12. Name Wayne R. Smith

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

14. Maiden name Zilphia Taylor

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

16. (a) Informant Mrs. Zilphia Clark

(b) Address 2301 Charles St.

17. (a) Burial (Burial, cremation, or removal) Mt. Olivet Cemetery

(b) Date thereof Nov. 20, 1946
(Month) (Day) (Year)

18. (a) Signature of funeral director Herward W. J. J. J. J.

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Nov. 22, 1946 (Date received local registrar)

(b) Registrar's signature E. L. Jenkins

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. 2301 Charles St.
(If rural, give location)

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

If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1946 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 17 1946 to Nov 17 1946

that I last saw her alive on Nov 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions 42A
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration 6 hrs

3 hrs

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. M. Allen (M. D. or other) _____

Address Copk. res. **Date signed** 11/18/46

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

34950

382

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.