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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 30 1947

Registration District No. 42

Primary Registration District No. 51340

Registrar's No. 1002

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Industrial City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington TWSP
Industrial City
(If not in hospital or institution, write street number or location)

(d) Length of stay: abt 15 yr (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town Industrial City
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SARAH-E-SMITH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John W. Smith

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 19 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Lawrence Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Robert B. Kent

13. Birthplace Lawrence Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Kent

15. Birthplace Ray Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall W. Smith

(b) Address Industrial City, MO

17. (a) Removal Date thereof 8-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: negro no

18. (a) Signature of funeral director Blaney Funeral Home

(b) Address St Joseph, MO

19. (a) 8-22-47 (Date received local registrar)

(b) W. L. Jenkins (Registrar's signature) 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1947 hour 11:12 minute 0 M.

21. I hereby certify that I attended the deceased from June 27, 1947, to Aug 20, 1947;
that I last saw her alive on Aug 20, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial insufficiency unknown

Due to Arteriosclerosis General

Due to Fracture of Femur Transcervical

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓ 186A
Of operations ✓ 186B

Of autopsy ✓

Duration _____

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) accident

(b) Date of occurrence June 27, 1947

(c) Where did injury occur Industrial City, Buchanan Co, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (b) Means of injury fall

23. Signature Gustav H. Lane (M. D. or other) MD

Address Northgate Bldg, St Joseph, Mo Date signed 8/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

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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, to-wit:

Charles M. Herman

Registered Apprentice No.

450

working under my personal supervision.

Signed

John W. Stoney

Licensed Embalmer No.

2435

P.O. Address

St. Joseph

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.