

FILED NOV 17 1947

Registration District No. 428

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37187

State File No. ....

Primary Registration District No. 1000

Registrar's No. 3347

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: 2320 Felix St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 2 years. (Specify whether  
 In this community. \_\_\_\_\_  
 years, months or days)

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. 2320 Felix  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME

Lillie M. 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. Widowed  
 6. (b) Name of husband or wife. Charles H. Smith  
 6. (c) Age of husband or wife if alive. 7 years  
 7. Birth date of deceased. March 7 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 3 hr. min.

9. Birthplace. Carroll County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation. At home

11. Industry or business

William Miles

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

14. Maiden name. Dicy Ann Standley  
 15. Birthplace. Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. J. Parke Olmstead

(b) Address. St. Joseph, Mo.

17. (a) Burial (b) Date thereof. 11/12/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Coloma, Missouri

18. (a) Signature of funeral director. Heaton Bowman

(b) Address. St. Joseph, Mo.

19. (a) 11-14-47 (b) E. G. Jenkins  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10  
 year 1947 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9-20-47  
 \_\_\_\_\_, 19\_\_\_\_, to 11-10-47, 19\_\_\_\_;  
 that I last saw her alive on 11-10-47, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary heart disease. Duration 6 mos.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions. Possible cancer of colon.  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 94A

PHYSICIAN

Underline the cause of 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. 0

23. Signature. J. J. Pharr M.D.  
 Address. 202 E. 13th St. Date signed 11-10-47

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

MOTHER FATHER

NOV 18 1961

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.....

*Francis Joseph Wyland Jr.*..... Registered Apprentice No. *444*  
working under my personal supervision.

Signed *Frank A. Gurnea*

Licensed Embalmer No. *1710*

P. O. Address *St Joseph 74*

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.