No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 303

Registrar's No. 54

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: Duncan Nursing Home. -723 So. 11th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years. (Specify whether years, months or days)

In this community Most of his lifetime.

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. 723 South 11th. Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James Bert Smith.

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Grace

6. (c) Age of husband or wife if alive: Dec- 1932 years

7. Birth date of deceased: September (Month) 25th. (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	16	-- ------ hr. min.

9. Birthplace: Lynn, Arkansas. (City, town, or county) (State or foreign country)

10. Usual occupation: Interior Decorator.

11. Industry or business: Painting & Decorating.

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

14. Maiden name: unknown

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

16. (a) Informant: Welfare Board Records.

(b) Address: Patee Hall-St. Joseph, Missouri.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Burlington Junction, Mo.

18. (a) Signature of funeral director: E. R. Sidenfaden

(b) Address: 602 South 10th. Street. City

19. (a) 1-19-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th. year 1948 hour 11- minute A.M.

21. I hereby certify that I attended the deceased from April 27, 1945 to January 11, 1948 that I last saw him alive on January 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lues	5 yrs.
Paresis	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: C. H. Werner (M. D.)

Address: Kirkpatrick Bldg. St. Joseph, Missouri Date signed 1-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Mollie E. Siedenfaden Fox

Licensed Embalmer No. 4235

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.