

FILED SEP 7 1948

Registration District No. 42Primary Registration District No. 1000Registrar's No. 914

## 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:  
517 1/2 S. 6th Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution n.t. (Specify whether  
 In this community 27 years.  
 years, months or days)

3. (a) PRINT FULL NAME Theodore Thomas Smith

3. (b) If veteran, name war US World War 1. 3. (c) Social Security No. 491-10-6407

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Geneva Elaine Smith  
 6. (c) Age of husband or wife if alive 38 years  
 7. Birth date of deceased October 4 1902  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 10 25 hr. min.

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

10. Usual occupation Service Man for Busses11. Industry or business St. Joseph Light & Power Co.12. Name William Smith13. Birthplace Atchison Kansas  
(City, town, or county) (State or foreign country)14. Maiden name Alice Edge15. Birthplace Doniphan County Kansas  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Geneva E. Smith17. (b) Address 517 1/2 S. 6th St., St. Joseph, Mo.17. (a) Burial (b) Date thereof Sept. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cemetery.18. (a) Signature of funeral director Walter Meurhoffer(b) Address 1946 Colhoun St., St. Joseph, Mo.19. (a) Sept. 1, 1948 (b) E. C. Jenkins  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

## 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. 517 1/2 S. 6th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th  
 year 1948 hour 12:15 minute 0 M.

21. I hereby certify that I viewed the deceased from Aug 29th  
1948, to 19;  
 that I last saw him alive on 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis 1 day

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

Due to man died suddenly at his home without previous complaints of serious illness or disability  
 Other conditions illness or disability  
 (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no

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) \_\_\_\_\_  
 (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)  
 (e) Means of injury acting coroner  
 23. Signature H. F. Mundy (M. D. or coroner)  
 Address 404 So 3rd St. Date signed 8/30/48  
St. Joseph, Mo.

SEP 27 1980

MS APR 27 1980

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, Raymond W. Merchen

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

Signed Raymond W. Merchen  
Licensed Embalmer No. 413 Missouri.

P. O. Address St. Joseph, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**