

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14963

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>611</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> //			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> /		c. LENGTH OF STAY (In this place) <u>7 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> /		/	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2622 Mitchel Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>2622 Mitchel Ave.</u> 0			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alta</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Smith</u>	
		4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>30</u> (Year) <u>1949</u>	
5. SEX <u>Female</u> /		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 3, 1892</u>	
				9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dietitian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wanderers DUSTRY Home of Little</u>		11. BIRTHPLACE (State or foreign country) <u>Jameson, Missouri.</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Meserve</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Ann Stucker</u>		14. NAME OF HUSBAND OR WIFE <u>W. Eben Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> *****		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Eben Smith</u> ADDRESS <u>2622 Mitchel Ave. St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>Sudden</u>	
		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Carcinoma sigmoid rectum</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>153x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7/3</u> , 19 <u>49</u> , to <u>May 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>49</u> , and that death occurred at <u>4:10P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Raymond L. Smith</u> (Degree or title) _____				23b. ADDRESS <u>St. Joseph Mo 209-210 Kentucky Blvd</u>		23c. DATE SIGNED <u>5/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand River Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jameson, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>June 2, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meilchopper</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1949

JUN 7 1949

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, of *** *****

***** **

Student Embalmer No. *****

working under my personal supervision.

Student

Student Embalmer

Signed

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.