

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12062

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 516

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 3523 Mitchell Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
d. STREET ADDRESS 3523 Mitchell Ave.

3. NAME OF DECEASED
a. (First) Anna b. (Middle) ----- c. (Last) Smith

4. DATE OF DEATH April 27, 1950

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 23, 1878

9. AGE (In years last birthday) 71

IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Quitman, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Nicholas

13b. MOTHER'S MAIDEN NAME Sarah Darby

14. NAME OF HUSBAND OR WIFE George T. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Brage, St. Joseph, Mo. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia
ANTECEDENT CAUSES (b) Influenza
DUE TO (c) Myocardial Infarction
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4/10/50
4/1/50
490X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1950, to 4/26, 1950, to 4/26, 1950, that I last saw the deceased alive on 4/26, 1950, and that death occurred at 11:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Handerson M.D.

23b. ADDRESS St. Joseph, Mo. 6707 Hancock St.

23c. DATE SIGNED 4/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/29/50

24c. NAME OF CEMETERY OR CREMATORY Ashland Cem.

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. MAY 2, 1950

REGISTRAR'S SIGNATURE G. B. Jenkins 382

25. FUNERAL DIRECTOR'S SIGNATURE (Name) St. Joseph, Mo.

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

0117

0117

0

0

YES NO

Wm. G. T. Hartigan

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 _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Signed.....
Student Embalmer

Signed *William Spalding*
Licensed Embalmer No. *4535*
P. O. Address *319 S 10th St. South M*

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.