

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital #2)

File No. 35164
Registered No. 1060
St. _____ Ward _____

2. FULL NAME

George T. Smith
(a) Residence, No. Shelby Co. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth: _____ yrs. _____ mos. _____ ds.

Shelby Co. Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1863
7. AGE YEARS 75 MONTHS Unknown DAYS Unknown If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

17. INFORMANT (ADDRESS) Hospital Records
St. Joseph, Missouri

18. BURIAL CREMATION, OR REMOVAL PLACE State Hospital Cemetery Oct. 26 1938

19. UNDERTAKER (ADDRESS) E. S. IDENFADEN FUNERAL HOME
622 South 10th Street

20. FILED Oct 26 1938 A. J. Hestelrud
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937, to Oct 24 1938.
I last saw him alive on Oct 24 1938. Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. Kuhlman M. D.
(Address) State Hosp. no. 2.

STATEMENT BY LICENSED EMBALMER

I, Theron Smith Licensed Embalmer No. 3928
hereby certify that the body provided on the reverse side of this
Certificate was embalmed by myself.
or by _____, Registered Apprentice to _____
Theron Smith
Licensed Embalmer No. 3928

NOTE: This above MUST BE SIGNED BY THE LICENSED EMBALMER IN HIS OWN HAND WRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license)