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

35533
Do not use this space.

REC'D NOV 20 1939

85

Registered No. 1051

1. PLACE OF DEATH
(a) County Buchanan, 2
(b) Township 1
(c) or City St. Joseph,
Registration District No. 1001
Primary Registration District No.
(d) Street No. 2106 So. 14th, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

11 57

530

2. PRINT FULL NAME Calvin Smith,
(a) Residence, No. 2106 South 14th. St.
(Usual place of abode, if no street address, write county or city) (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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie G. Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th. 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad,
10. Date deceased last worked at this occupation (month and year) October 1938
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silver Lake, Kansas, 1

FATHER
13. NAME J. Wood Smith, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 9

MOTHER
15. MAIDEN NAME Tanie Ferrel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs Calvin Smith
(ADDRESS) 2106 So. 14th. Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Oct. 16th. 1939

19. FUNERAL DIRECTOR (NAME) Stanton Babcock & Son
(ADDRESS) 219 So. 10th. Str.

20. FILED Oct 17, 1939 H. J. Steinbeck M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct, 15th 39 to ....., 19..... I last saw h ###### viewed ....., 19..... Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
9 hr	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) B.W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-9-19-38 I X16805

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 10/15/39

[redacted], Registered Apprentice No. ✓,

working under my personal supervision.

Signed [redacted] Bowman

Licensed Embalmer No. 3619

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, above space should be left blank.