

MAY 13 1940
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 390

1. PLACE OF DEATH:

BUCHANAN

(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: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two days
(Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan
(c) City or town: Rushville, Rural
(If outside city or town limits write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1940 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 7 to April 4, 1940
that I last saw him alive on April 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Duration: 3 mo +

Due to: 43°C
Due to: General Atherosclerosis
Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:
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?
85 (Specify type of place) While at work? (e) Means of injury
23. Signature: A. Clayton Smith (M. D. or other) MD
Address: 220 North 7th St. St. Joseph, Mo (Date signed: 4/9/40)

3. (a) PRINT FULL NAME: Benjamin Gallahar Smith
(b) If veteran, name war: none
(c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
(b) Name of husband or wife: Betty Love
(c) Age of husband or wife if alive: 13 years
7. Birth date of deceased: June 13 - 1863
(Month) (Day) (Year)

8. AGE: Years: 76 Months: 9 Days: 21
If less than one day: hr. min.

9. Birthplace: Rushville, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Absolom Rufus Smith
13. Birthplace: Texas (City, town, or county) (State or foreign country)
14. Maiden name: Nettie Orleva
15. Birthplace: Texas (City, town, or county) (State or foreign country)

16. (a) Informant: Coral Smith, (Daughter)
(b) Address: Elvewood, Kansas

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: April 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Rushville, Mo.

18. (a) Signature of funeral director: Wm. Stanton
(b) Address: Atchison, Kansas
19. (a) Date received local registrar: April 4, 1940 (b) Registrar's signature: H. J. Heath

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.