

No. 2
1-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41830

JAN 10 1941

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1270

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution: 2220 Locust St.
(d) Length of stay: In hospital or institution _____
In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2220 Locust St.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hottie Mina Smith

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 487-14-6239

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Smith 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased January 1, 1886

8. AGE: Years 54 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William Behrendt

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Hilhelmina Beckersheim

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Helen Smith

(b) Address 2220 Locust St. St. Joseph

17. (a) Burial (b) Date thereof Dec 5, 1940
(c) Place: burial or cremation Agency, Mo.

18. (a) Signature of funeral director W. L. Sullivan

(b) Address Lawrence, Mo.
19. (a) 12-3-1940 (b) W. L. Sullivan
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1940 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from Dec 30 1940 to _____ 19____; that I last saw ##### alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breasts
Due to _____
Due to 50
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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) _____ (e) Means of injury 5
23. Signature B. W. Tadlock Coroner
Address King Hill Bldg St. JOSEPH (M. D. or other)
Date signed 12/3/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

0781

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 H. A. Sullins
Licensed Embalmer No. 1738
P. O. Address Gower, 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, fact should be so stated above.