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

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21192

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 550

1. PLACE OF DEATH:
(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: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years 3 mo. 29 days (Specify whether)
In this community 24 years 3 mo 29 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Jackson 1
(c) City or town Kansas City Mo 7 (If outside city or town limits, write "RURAL")
(d) Street No. 3262 Holmes Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice M. Smith
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Ded. years
7. Birth date of deceased Unknown (Month) (Day) 1873 (Year)

8. AGE: Years 68 Months ? Days ? If less than one day ___ hr. ___ min.

9. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. W. H. Banningfield
(b) Address 224 N. Kensington K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation State Hospital #2
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave.
19. (a) June 27 1941 (Date received local registrar) (b) A. J. Mittelbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, year 1941 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from June 11, 1941, to June 23, 1941; that I last saw her alive on June 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Cardio-Vascular-Renal Disease	1 Month
Due to —	
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? 45 (Specify type of place)
While at work? (e) Means of injury
23. Signature Herbert C. Senne (M. D. or other) M.D.
Address State Hosp. #2 St. Joe Date signed 6-24-41

(Licensed Embalmer's Statement on Reverse Side)

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

Body was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John E Rupp

Licensed Embalmer No. 3486

P. O. Address 6054 Bryant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.