

FILED NOV 14 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(c) Name of hospital or institution: 711 North Tenth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Twenty years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2508 So Tenth  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1941 hour 6 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Sept 24  
1941, to Sept 27 1941;  
that I last saw him alive on Sept 27 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral hemorrhage 3 Days

Due to  
Monstrous large head

Other conditions  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations ✓ J30  
Of autopsy ✓

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

3. (a) PRINT FULL NAME Beulah May Smith

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single (b) Widowed (c) Married (d) Divorced (e) Single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Nov. 25 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Perlin 0 mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER  
12. Name W. F. Smith  
13. Birthplace Edwinton 0 mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elena Creed  
15. Birthplace Clinton Co. 0 mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Helan Parks  
(b) Address Plattsburg mo.

17. (a) Burial (b) Date thereof 10-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perlin mo.

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg mo.

19. (a) 10-3-1941 (b) D. J. Deeth  
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (c) Means of injury ✓

23. Signature Charles H. Kerner (M. D. or other) M.D.  
Address 221 Kirkpatrick Bldg 203-41

**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.....

*Danell D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattburg 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.**