U. S. No. 2
OM—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6010

FILED MAR 11 1942

Registration District No. [illegible] Primary Registration District No. 100[illegible] Registrar's No. 18[illegible]

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Industrial City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanche A. Smith
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Smith
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June (Month) 8 (Day) 1906 (Year)
8. AGE: Years 35 Months 8 Days 14 If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Earnest Townsend
FATHER 13. Birthplace Unknown (City, town, or county) Minn. (State or foreign country)
MOTHER 14. Maiden name Alice Smith
MOTHER 15. Birthplace Unknown (City, town, or county) Wisc. (State or foreign country)
16. (a) Informant Mrs. Alice Townsend
(b) Address Industrial City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Herman W. Siebenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 2-24-1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd year 1942 hour 12 minute 55 A. M.
21. I hereby certify that I attended the deceased from Feb 19 1942 to Feb 22 1942 that I last saw her alive on Feb 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Cardiac Failure (2) Rheumatic Heart Disease
Due to with multiple Valve
Due to Damage
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address St. Joseph, Mo. Date signed 2-23-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elbert C. Harrington

Licensed Embalmer No. 3258

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, fact should be so stated above.