

FILED APR 23 1942
Registration District No. 173

Primary Registration District No. 1001

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

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:
3404 Lafayette St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 years
(Specify whether

In this community Lifetime
years, months or days)

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. 3404 Lafayette St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Franklin Smith

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1942 hour _____ minute 9 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 29 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30 1942 to April 6 1942
and that last saw him alive on April 6 1942
and that death occurred on the date and hour stated above.

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>53</u> | <u>6</u> | <u>9</u> | hr. _____ min. _____ |

Immediate cause of death Arterio-sclerosis Duration 3 days

Due to Myocarditis 3 yrs.

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Cook

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Alexander, Smith

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

14. Maiden name Mary B. Hunt

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

Major findings: Of operations ✓ 107

Of autopsy ✓

Underline the cause to which death should be charged statistically.

16. (a) Informant Jim Smith (Brother)

(b) Address 3404 Lafayette St.

17. (a) Burial (b) Date thereof 4/0/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John B. [Signature]

(b) Address 6054 Pryor Ave.

19. (a) 4-8-42 (b) Rose Henry
(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) (2) Means of injury _____

23. Signature Thomas Redmond (M. D. or other) U
Address 328 St. Patrick Bldg. Date signed 4-8-42

Redmond
Mark Oly

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.....

Myself

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

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986
6054 Pryor Ave.,

P. O. Address St. Joseph, Missouri

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.