. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

FILED AUG 13 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23908

Registration District No. 42 Primary Registration District No. 1800 Registrar's No. 769

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Nebraska, (b) County Richardson 25
(c) City or town Falls City, Nebraska
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Harlan 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME William E. Smith,
3. (b) If veteran, name war Unknown,
3. (c) Social Security No. Unknown,

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Katherine, Smith,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August ~~21st~~ 9th 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	~~14~~ 27	hr. min.

9. Birthplace Unknown, Tennessee, 1 (City, town, or county) (State or foreign country)
10. Usual occupation Nurseryman
11. Industry or business Nursery,

FATHER
12. Name Unknown, Unknown,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John E Smith
(b) Address Falls City, Nebraska
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Falls City, Nebraska
18. (a) Signature of funeral director Heaton Bros Brownson Funeral
(b) Address 319 So. 10th Street, Home
19. (a) 8-5-42 (Date received local registrar) (b) Rose Hurzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 1942 hour 12 30 minute M.
21. I hereby certify that I attended the deceased from 7/30/42, 19, to 8/5/ 1942;
that I last saw him alive on 8/4/ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Heart Disease
Due to
Other conditions Hypertrophy of Prostate
(Include pregnancy within 3 months of death) Cell Bladder Calculi
Major findings:
Of operations " "
Of autopsy 137a

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Charles Greenberg (M. D. or other)
Address Pr & Mg Date signed 8/5/42

1233 (Licensed Embalmer's Statement on Reverse Side)

AUG 22 1942

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 Aug 5 - 4

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

working under my personal supervision.

Signed Wm. E. Dimmerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10 St Joseph

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.