

FILED DEC 30 1942

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1205

11
1
7
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:
2523 Measurie St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 3 mo.

In this community _____

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. 2523 Measurie St 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1942 hour 1 minute P.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife A. J. Smith

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

7. Birth date of deceased Aug 31 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 30 1941 to December 11 1942 that I last saw her alive on December 11 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>17</u>	hr. min.

Immediate cause of death Chronic myocarditis and general arteriosclerosis

Due to _____

9. Birthplace Platte Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

12. Name Anderson M. Hord

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs Geo H Greer

(b) Address 2523 Measurie St

17. (a) Burial (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Bethel Cem.

18. (a) Signature of funeral director Walter T. Son

(b) Address St Joseph Mo

19. (a) 12-18-42 (b) Rose Hergog
(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 Seigler Smith (M. D. or other) MD
Address 218 W 7th St Joseph Date signed 12/17/42

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~~

working under my personal supervision.

~~Registered Apprentice No.~~

Signed.....

Robert H. Gable

Licensed Embalmer No.

3308

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.