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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27770

FILED SEP 11 19[redacted]42

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 865

**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: 2516 No 5th 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community abt 55 mo. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2516 North 5th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELIZA-MARY-SNELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem

5. Color or race 1 Wht

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife George

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

7. Birth date of deceased Dec 12 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Toulon Ill 1 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Cyrus E Smith
13. Birthplace Ill 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Virginia Morris

(b) Address RR#10 NKC (16) Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof Aug 5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) 8-5-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 3 year 1943 hour 4.30 minute P M.

21. I hereby certify that I attended the deceased from July 31 19 43, to Aug 3 1943 that I last saw her alive on Aug 3 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Degeneration | |
| Due to: Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 93d | |
| Major findings: Of operations | |
| Of autopsy | |

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 2

23. Signature C. L. Ferguson (M. D. or other) DO

Address 801½ Francis St Date signed 8-4-43

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

801 ½ Francis

## 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 John Ray Stanley

Licensed Embalmer No. 2435

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.**