

FILED JAN 12 1944

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: State Hosp. N2 2
(If outside city or town limits write "RURAL" and name of township)

(d) Length of stay: 10 years 2 wts 6 days
(If not in hospital or institution, write street number or location)

In this community 46 years
(Specify whether 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. 417 Albermarle
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FANNIE SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th
year 1943 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 24th, 1943, to December 26, 1943
that I last saw her alive on December 26th, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive 28 years
(Month) (Day) (Year)

7. Birth date of deceased June 28 1865
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>5</u>	<u>28</u>	<u>7</u> hr. <u>50A</u> min.

Due to Cerebral Arterio Sclerosis

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

10. Usual occupation (Housewife) Housework

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name Franklin Smith

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

14. Maiden name Elizabeth Cobbleigh

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

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?

16. (a) Informant Miss Willie Smith

(b) Address 417 Albermarle St. St. Joseph Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12 28 1943
(Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. Cem

18. (a) Signature of funeral director St. Joseph Funeral Home

(b) Address St. Joseph Mo

19. (a) 12-28-43
(Date received by Registrar)

(b) Joe Deason
(Registrar's signature)

While at work (Specify type of place)

(c) Means of injury

23. Signature Walter B. B. (M. D. or other)

Address State Hospital St. Joseph Mo Date signed 1/4/44

MOTHER FATHER

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

1000

MAR 18 1947

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.....

Licensed Embalmer No.

P. O. Address.....

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.