

FILED NOV 20 1944

Registration District No. **72**

Primary Registration District No. **1020**

Registrar's No. **1150**

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:
721 North 10th
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 721 North 10th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JESSE E. SMITH

3. (b) If veteran, name war none 3. (c) Social Security No. 491-09-3640

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife Emma E. 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased August 5 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 8 hr. min.

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

10. Usual occupation butcher

11. Industry or business McHugh Grocery

MOTHER FATHER { 12. Name Wm. Smith
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emma Shoemaker
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Smith

(b) Address 2619 Charlotte K.C., Mo.

17. (a) removal (b) Date thereof 11/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo.

18. (a) Signature of funeral director Hester B. Bales & Bowman

(b) Address 319 So. 10th

19. (a) 11/15/44 (b) Hester B. Bales
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 27
1944, to Nov 13, 1944
that I last saw him alive on Jan 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardial Insufficiency
Due to Arteriosclerosis General
Due to Chronic Bronchial Asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
Of autopsy

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) Means of injury ✓
23. Signature Hester B. Bales (M. D. or other) M.D.
Address Hester B. Bales & Bowman Date signed 11/14/44

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

Dr. H. A. Law
Kirkpatrick Bldg.

OCT 8 1940

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 Frank A. Brunway

Licensed Embalmer No. 1710

P. O. Address St. Joseph St.

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.