

**FILED DEC 28 1944**  
12

Registration District No. \_\_\_\_\_

Primary Registration District No. **1000**

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:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Hospital)  
(Specify whether  
In this community 8 Years  
years, months or days)

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. 2301 So. 9th. St. 7  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Betty Smith

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 19 1936  
(Month) (Day) (Year)

8. AGE: Years 8 Months 1 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Pupil

11. Industry or business Neely School

12. Name Willie Smith

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

14. Maiden name Lena Foster

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

16. (a) Informant Mr. Willie Smith

(b) Address 2301 So. 9th. St.

17. (a) Burial (b) Date thereof Dec. 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman M. Siderfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-26-44 (b) Helen J. Gickler  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 22  
year 1944 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-22-44  
19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on 12-22-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Herman M. Siderfaden (M. D. or other) \_\_\_\_\_

Address St. Joseph, Mo. Date signed 12/24/44

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

MOTHER FATHER

1377

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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 *Yuth Collier*.....

Licensed Embalmer No. *3632*.....

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.**