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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 31 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 62

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:
2622 Mitchell Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 30 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. 2622 Mitchell Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Jackson Smith

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife W. Eben Smith 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 14 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Westmoreland Co. England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Jackson

13. Birthplace Westmoreland Co. England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Greenup

15. Birthplace Westmoreland Co. England 4
(City, town, or county) (State or foreign country)

16. (a) Informant W. Eben Smith

(b) Address 2622 Mitchell Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1302 Farnon St., St. Joseph, Missouri

19. (a) 1-17-45 (b) Helen J. Packer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th,
year 1945 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov
March 13 to Jan 14, 1945
that I last saw her alive on Jan 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration within

Due to Hypertensive heart

Due to Chronic Myocarditis

Other conditions (Include pregnancy, within 3 months of death)
93h

Major findings: Of operations _____

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) (e) Manner of injury _____

23. Signature H. Raymond L. Smith (M. D. or other) 0

Address 209-210 W. 1st St., St. Joseph, Mo. Date signed 1/15/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.