V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26916

FILED AUG 22 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 850

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: Grand Island Bridge 3 (If not in hospital or institution, write street number or location)

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

In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Lincoln 977

(c) City or town Lincoln Center (If outside city or town limits, write "RURAL") 14

(d) Street No. 211 Lincoln (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Benson H. Smith

3. (b) If veteran, name war None

3. (c) Social Security No. 720-03-5100

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eunice Vivian

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August (Month) 31 (Day) 1901 (Year)

8. AGE: Years 43 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Carneiro (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Signal Foreman

11. Industry or business Union Pacific R. R.

FATHER
12. Name Silas B. Smith
13. Birthplace Green Co. (City, town, or county) Penn. (State or foreign country) 1

MOTHER
14. Maiden name Gertrude Gall
15. Birthplace Unknown (City, town, or county) Ohio. (State or foreign country) 1

16. (a) Informant Mrs. Eunice V. Smith

(b) Address Lincoln Center, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Center, Kansas

18. (a) Signature of funeral director Herman W. Sidenfaden

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

19. (a) Aug. 3, 1945 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1945 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from Viewed Aug 3d, 1945, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally Electrocuted

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations 193.8

Of autopsy 40

Duration

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) Accident

(b) Date of occurrence Aug, 3d 1945

(c) Where did injury occur? St Joseph, Mo, (City or town) (County) (State) 131

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? yes (Specify type of place) (e) Means of injury Electri

23. Signature B. W. Tadlock Coroner (M. D. or other) M.D.

Address King Hill Bldg Date signed 8/3/44

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(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1945

OCT 22 1945

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~~ Elmer Thomas, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.