

**FILED** JAN 8 1948  
 Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1332

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:  
2415 South 11th /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 20 years

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. 2415 South 11th /  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fannie Smith

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widow /  
 6. (b) Name of husband or wife Thomas Smith 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased February 12 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name William Oliver  
 13. Birthplace unknown unknown /  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Boyd  
 15. Birthplace unknown England /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Taylor  
 (b) Address 2415 South 11th

17. (a) removal (b) Date thereof 12/17/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Horton, Kansas

18. (a) Signature of funeral director Hester Bettle & Rowman  
 (b) Address 319 South 10th

19. (a) Dec 19 1948 (b) A. Westphal  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
 year 1945 viewed 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 14th, 1945, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Arteriosclerosis  
(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 B. W. Tadlock Coroner  
(M. D. or other)  
 Address Kinn Hill Bldg ST. JOSEPH Date signed 12/14/45

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

**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 14 Dec 4  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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.**