

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

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FILED SEP 7 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 925

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1213 South 18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Eighty-Six years. (Specify whether
years, months or days) Sixty-five

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Saint Joseph 18th St. //
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 South 18th Street //
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Greenberry Smith

3. (b) If veteran, name was Spanish American No. NONE
3. (c) Social Security No. NONE

4. Sex White race Male 5. Color or race Male
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Jennie Smith
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 6, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 1 24 hr. min.

9. Birthplace Bloomfield Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business

MOTHER FATHER

12. Name Unknown Smith W

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louie J. Smith

(b) Address 1213 South 18th Street, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director E. R. Sidenfaden

(b) Address 602 South 10th Street, St. Joseph, Mo.

19. (a) 9-2-48 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from August 25, 1948, to August 30, 1948;
that I last saw him alive on August 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Arterial Sclerosis
Due to

Duration
5 days
15 yrs.

Due to

Other conditions

Major findings:
Of operations

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) -- no

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)

23. Signature Carl H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg. Date signed 8-31-48

St. Joseph, Mo.

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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

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.