

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20962
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jackson Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 52 C Genl Hosp Registered No. 2412
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. 5 30 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Al Smith

(a) Residence, No. See Hotel St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1875
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-19-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 8 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance man
9. Industry or business in which work was done, as saw mill, bank, etc. man
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME Albert Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Francis Plesky16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski17. INFORMANT Reverend Clerk
(ADDRESS) 52 C Genl Hosp KC Mo18. BURIAL, CREMATION, OR REMOVAL buried DATE 6-5-3819. FUNERAL DIRECTOR John J. Brown
(ADDRESS) 536 Campbell St.20. FILED June 15, 1938 M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 193822. I HEREBY CERTIFY, That I attended deceased from 5-29-38 to 6-4-38I last saw him alive on 6-4, 1938 Death is said to have occurred on the date stated above, at 7:00 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of left
Kidney; Pyelone-
phritis SI

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) A. J. De Maria, M. D.(Address) 52 C Genl Hosp KC Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORDV. S. NO. 2.
50M-120-57

I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)