

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

41704
 Do not use this space.

RECEIVED JAN 13 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Smith
 (a) Residence, No. 1216 West 57th St. Terrace 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margery Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1873

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
65	0	24	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President of
 9. Industry or business in which work was done, as saw mill, bank, etc. Kansas City Title & Trust Co.
 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) Illinois

FATHER
 13. NAME Wm. K. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
 15. MAIDEN NAME Harriett King
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. John Henry Smith (Wife)
 (ADDRESS) 1216 W. 57th St. Ter., Kansas Cy., Mo.

18. BURIAL, CREMATION, OR OTHER PLACE Forest Hill in Abbey
Kansas City, Missouri July 9 1938

19. FUNERAL DIRECTOR Stine & McClure
 (ADDRESS) Kansas City, Missouri.

20. FILED Dec 7 1938 M. M. Covore
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1937, to July 7, 1938.
 I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at A m. 10.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Stroke

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where 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? No
 If so, specify.....
 (Signed) Frank J. [Signature], M. D.
 (Address) 815 Alameda Road, Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 7-20-37 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.)