

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

17502
 Do not use this space.

REC'D JUN 8 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. 3800 Genesee St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 John Willard Smith
 (a) Residence, No. 3800 Genesee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stockyards Printing Co.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) New York /

FATHER 13. NAME John Willard Smith /
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER 15. MAIDEN NAME Jessie Beatty 4
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Mrs. Mabelle Munagle
 (ADDRESS) Olathe, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 5-8-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
104 W. 42nd St. K.C., Mo.

20. FILED May 6 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to May 5, 1939
 I last saw him alive on May 3, 1939. Death is said to have occurred on the date stated above, at 3 a.m.

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

Arteriosclerotic Heart Dis. Date of onset
Hypertensive Cardiac Disease
Congestive Heart Failure April 1939

Other contributory causes of importance:
Bundle Branch Block
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? ECG Was there an autopsy? No

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) Mahlon Stelp, M.D.
 (Address) 315 Alameda K.C.Mo.

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

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.

FORM 1-12-38 I X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

*Bill
received to H. J. J.
facility*