

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.

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

18852
Do not use this space.

JUN 15 1939

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 403
(b) Township Brookings Primary Registration District No. 5557
(c) City RAYTOWN (d) Street No. WILDWOOD LAKES Registered No. _____
(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 MR JOHN WILFORD SMITH
(a) Residence, No. 47TH + SOUTH EARLY St. KANSAS CITY KANSAS
(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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-1-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. APPRENTICE
9. Industry or business in which work was done, as saw mill, bank, etc. STRUCTURAL STEEL 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) GREENSBORO / (STATE OR COUNTRY) GEORGIA

FATHER 13. NAME ROBERT SMITH /

14. BIRTHPLACE (CITY OR TOWN) GEORGIA / (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELLA HARPER

16. BIRTHPLACE (CITY OR TOWN) GEORGIA / (STATE OR COUNTRY)

17. INFORMANT MRS. W. S. BYXBE (ADDRESS) 47TH SOUTH EARLY - KANSAS CITY, KS

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH K.C. MO. DATE JUNE-3 1939

19. FUNERAL DIRECTOR (NAME) DW NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED 5-31 1939 M. C. M. C. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-30 1939

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.
I last saw _____ live on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 PM.
The principal cause of death and related causes of importance were as follows:
Death by drowning

Other contributory causes of importance: 183' 3/4

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 5-30-39
Where did injury occur? Wildwood Lakes (City or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury Drowned while swimming
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. S. Byxbe M. D.
363 (Address) Gen Hosp; K.C. 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 *W. H. Newcomer Jr.*

Licensed Embalmer No. *4043*

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.