

REC'D AUG 7 1939

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

24584
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township N.A.W. Primary Registration District No. 1002 Registered No. 2207
(c) City KANSAS CITY (d) Street No. 3813 GENESEE 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

530 MRS MARGARET V. SMITH
(a) Residence, No. 3813 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 FEMALE 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 DAY R. SMITH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-27-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) PEORIA I
(STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME OWEN DONLEVY 9
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN I
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME CLARISSA HAYES KING
16. BIRTHPLACE (CITY OR TOWN) PEORIA
(STATE OR COUNTRY) ILLINOIS

17. INFORMANT MISS WINIFRED L. SMITH
(ADDRESS) 3813 GENESEE

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JULY-13-1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED July 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939 to 7-10, 1939

I last saw her alive on July 10, 1939. Death is said to have occurred on the date stated above, at 9:40 am.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
920
Date of onset 7-7-39

Other contributory causes of importance:
Arterio-sclerotic 1932

Name of operation none Date of ✓
What test confirmed diagnosis? Stethoscope. 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 1939
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) P.M. Hume, M. D.
(Address) 524 SW Blvd

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..... *A. C. McComer Jr*

Licensed Embalmer No. *210431*

P. O. Address..... *A. C. Mc*

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.