

AUG 7 1939

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

24688
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City, Mo. (d) Street No. 217 East Linwood 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.

Registered No. 28962. PRINT FULL NAME Bertha A. Smith

(a) Residence, No. 217 East Linwood, Kansas City, Mo. (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 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 Charles Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 1

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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Sam Pollard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Carl McGrew
(ADDRESS) 217 E. Linwood, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7/17 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED July 17, 1939 M. M. Croave
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19-1938, 1938 to 7-15-39, 1939

I last saw him alive on 7-14, 1939. Death is said to have occurred on the date stated above, at 6:04 p.m.

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

Sarcosis of Stomach (Carcinoma) Date of onset Before 11-19-38

Other contributory causes of importance: Generalized metastases

Name of operation Gastrostomy Date of operation See
What test confirmed diagnosis? Biopsy 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
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) Louis Scarpellino, M. D.

(Address) 877 Argyle Bldg

Dr. L. Scarpellino

Argyle Bldg.,
Ha 5488

~~1:00 o'clock~~
1:00 o'clock

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. 1415

P. O. Address 1510 W 100

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.