DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35124

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4099

1. PLACE OF DEATH: NOV 14 1939
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 2 MONTHS (Specify whether
In this community 26 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3610 PENNSYLVANIA AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MRS. FLORENCE TUCKER SMITH

3. (b) If veteran, name war — no
3. (c) Social Security No. — no

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HARRY B. SMITH
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov (Month) 14 (Day) 1890 (Year)

8. AGE: Years 48 4 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Nebr (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name ANDREW JACKSON TUCKER
13. Birthplace ..... (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Lydia A. Williams
15. Birthplace ..... (City, town, or county) OHIO (State or foreign country)
16. (a) Informant's own signature MR HARRY B. SMITH
(b) Address 3610 PENNSYLVANIA AVE.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof OCT-25-1939 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ SEDALIA, MISSOURI
18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 BROSH CREEK BLVD.
19. (a) 10/25/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25TH year 1937 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 21, 1939, to Oct 25, 1939; that I last saw her alive on Oct 25, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Carcinoma of left bronchus.	
Due to 47	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Carcinoma of bronchus with Metastases.	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. P. Boughman (M. D. or other) M. D.
Address 1116 Prof. Bldg. Date signed 10/25/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Av. 2 [illegible] 4:15

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo.

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.