DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42400

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4869

1. PLACE OF DEATH:
(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: Apt # 701 Villa Serena Apt. 321 Ward Pky. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 45 Years (Specify whether 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. Villa Serena Apts. Apt. # 701 321 Ward Pky (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years

3. (a) PRINT FULL NAME Mrs. Josephine Ida Smith 532
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Mr. Lawrence E. Smith
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March (Month) 8 (Day) (18 71?) (Year)

8. AGE: Years About 68 Months 9 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business ---

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Anna Murphy
15. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature [illegible]
(b) Address 1012 West 61st Terr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec. 19, 1939 (Date received local registrar) (b) M. M. Gromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 19 day ___ year 1939 hour 12:30 minute Am M.
21. I hereby certify that I attended the deceased from 1937 to date, 19__, to ___, 19__; that I last saw h. Sa alive on Dec 19, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	4 m
Due to Primary Cancer of Lung	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? No (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed Dec 19

(Licensed Embalmer's Statement on Reverse Side)

1939

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.

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.