DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940
399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1002

State File No. 9700

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1124

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community About 49 years

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. 4931 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: WILLIAM O. SMITH 530
3. (b) If veteran, name war: None
3. (c) Social Security No. 486-10-1938
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Neta L. Smith
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: March (Month) 27 (Day) 1890 (Year)
8. AGE: Years 49 Months 11 Days 10 If less than one day _____ hr. _____ min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: —
FATHER
12. Name: Joseph Smith
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anne Hulse
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Mrs Neta L. Smith
(b) Address: 4931 Wabash KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 13-194 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: R. V. Lindsey & Sons
(b) Address: 3811 Bryd KC Mo
19. (a) Mch 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1940 hour 5 minute 08 P. M.
21. I hereby certify that I attended the deceased from March 7th 1940, 19__, to March 10th, 1940, 19__; that I last saw him alive on March 10th, 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured bladder with urinary peritonitis; Gangrenous cystitis — Duration: 13 d
Due to: _____
Due to: _____
Other conditions: Pulmonary congestion
(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? _____ (e) Means of injury: _____
23. Signature: C. E. Dillman M.D. (M. D. or other)
Address: Supt. K.C. Gen. Hosp. K.C. Mo. Date signed 3-11-40

(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.

REV. 2-1-39 I X19511

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 Roscoe N. Keeler

Licensed Embalmer No. 3738

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.