No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13791

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1503

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

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: 3630 Mersington Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether

In this community 50 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. 3630 Mersington Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Dean A. Smith 530

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amy D. Smith

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 6 (Day) 1872 (Year)

8. AGE: Years 67 Months 11 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Logansport (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Chef

11. Industry or business Retired

FATHER
12. Name George W. Smith
13. Birthplace Unknown (City, town, or county) Massachusetts (State or foreign country)

MOTHER
14. Maiden name Amanda Bliss
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Amy Demare Smith

(b) Address 3630 Mersington

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Fun. Home

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) April 6, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from MAR. 7 '40, 19 APR. 4, 19 40 that I last saw him alive on APR. 3 40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSION & CARDIAC DECOMPENSATION	YRS.
Due to CHRONIC NEPHRITIS WITH	YRS.
Due to OUT OF DEMA 131	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NO

Of autopsy NO

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 B. C. Quintgard (M. D. or other) M. D.

Address 6944 Prospect K.C.L. Date signed Apr 5 '40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Quist Ward
6944 Prospect
1-4; 7/9

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 C. Hervey Guisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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