DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

20 SEP 5 1941
599

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27612
3246

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

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:
2544 Troost Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State O Missouri (b) County Jackson
(c) City or town 2544 Troost Avenue
(If outside city or town limits write "RURAL")
(d) Street No. Kansas City, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wm E. Smith 530

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Sept. (Month) 17 (Day) 1925 (Year)

8. AGE: Years 14 Months 10 Days 29 If less than one day ✓ hr. ✓ min.

9. Birthplace Harrisburg (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Pupil at Manual

11. Industry or business School

MOTHER FATHER
12. Name Leonard Smith
13. Birthplace Mo (City, town, or county) O (State or foreign country)
14. Maiden name Grace Lafferty
15. Birthplace Greendale (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Mr. Leonard Smith
(b) Address 2544 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. R. Doerhoff
(b) Address 1415 E 15

19. (a) Aug. 16, 1940 (Date received local registrar) (b) M. M. Crouch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th
year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 13th, 19__, to 40 Aug. 14th 1940; that I last saw him alive on Aug. 14th, 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute anterior poliomyelitis

Due to (16)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy
~~Non~~ See above

Duration

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? 361
While at work? (Specify type of place) (e) Means of injury

23. Signature Drury R. Shoop (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital, K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 H P Doehle

Licensed Embalmer No. 1166 M

P. O. Address 1415 E 13

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.