

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27663

FILED SEP 5 1940
Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 5297

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 55 years
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Smith 530
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm. S. Smith 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 5 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Bellshill Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name ----- Baird
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth King
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Alex & Wm. Smith
(b) Address 501 Division--K.C.K.

17. (a) burial (b) Date thereof 8-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) AUG. 20, 1940 (b) N. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Division Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
year 1940 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from Mar 30, 1939, to Aug 18, 1940
that I last saw her alive on Aug 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary embolism 2 wks
Due to Drainage of transverse
from abdomen 11/10
Due to Failing myocardium
Other conditions Thyroid disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Clear fluid from
Of operations abdomen low tapping
Of autopsy _____
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?
While at work? ✓ (Specify type of place) (e) Means of injury 1
23. Signature P. M. Noyes (M. D. or other) M.D.
Address 574 E. 12th Date signed 8-19-40

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.....

Miss Blanford

Licensed Embalmer No.

4015

P. O. Address.....

4148 State Line

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, fact should be so stated above.