

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4266**

REC'D DEC 11 1940

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. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **52 years**
(Specify whether years, months or days)
In this community **52 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **71st & James Reed Road**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Robert L. Smith**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **499-09-1057**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Minnie E. Smith** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 6 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	5	0	hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. Construction Work**

11. Industry or business _____

12. Name **William Smith**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ann Bangisbale**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie E. Smith**

(b) Address **71st & James Reed Road**

17. (a) **Burial** (b) Date thereof **11-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **Nov. 8, 1940** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **6**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Nov. 2**, 1940, to **Nov 6**, 1940, that I last saw him alive on **Nov 5**, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Peritonitis** Duration **4 days**

Due to **Ruptured appendix** 4 days

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Ruptured appendix**
Of operations _____
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) _____ (b) Means of injury _____

23. Signature **J. M. Eubank** (M.D. or other) _____
Address **Raytown Mo.** Date signed **Nov 7, '40**

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

MOTHER FATHER

C

Dr. F. M. Eubank
Raytown, Mo.

12:30

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.....

Elmer C. Wadler

Licensed Embalmer No. *3495-*

P. O. Address *Hannas City 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, fact should be so stated above.