

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399** Primary Registration District No. **1002**

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: 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 1 Day (Specify whether
In this community 7 Years years, months or days)

FIFTH DEC 11 1940

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. 3935 Euclid Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from
Nov. 17th, 1940, to Nov. 17th 1940.
that I last saw him alive on Nov. 17th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Poliomyelitis

Duration

Due to 16

Due to _____
Other conditions
(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? _____

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

23. Signature Wm. R. Stone (M. D. or other) _____
Med. Director K.C. Gen. Hospital
Address _____ Date signed _____

3. (a) PRINT FULL NAME SMITH, DONALD LEE

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 Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 31 1923
(Month) (Day) (Year)

8. AGE: Years 7 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation 2nd Grade Student

11. Industry or business Horace Mann School

12. Name Ed E. Smith

13. Birthplace Covington Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Gwynell Lucas

15. Birthplace Fulton Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. O. Smith

(b) Address 3935 Euclid Avenue

17. (a) Burial (b) Date thereof Nov. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.
11-19-40

19. (a) (Date received local registrar) (b) M. M. Crowe
(Registrar's signature)

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 Reisenber

Licensed Embalmer No. 4070

P. O. Address A. 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.