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3-40
7-39
X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4499

DEC 11 1940

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(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 45 years (Specify whether 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. 419 Maple Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elbert E. Smith Sr.
(b) If veteran, no name war. (c) Social Security No. 493-12-8491

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23 year 1940 hour 11 minute 55 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mrs. Grace D. Smith 6. (c) Age of husband or wife if alive. 47 years
7. Birth date of deceased. Sept. 26th. 1893 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about 1935, 19____, to Nov 23, 1940 that I last saw him alive on Nov 23, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days 28 If less than one day hr. _____ min. _____

Immediate cause of death myocarditis - broken compensation - arterial sclerosis

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

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

10. Usual occupation _____
11. Industry or business Daily Record

Major findings: Of operations no operation

MOTHER FATHER {
12. Name Peyton C. Smith
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Naomi J. Killam, Illinois (City, town, or county) (State or foreign country)

Of autopsy myocarditis - arterial sclerosis

16. (a) Informant Mrs. Grace D. Smith
(b) Address 419 Maple Blvd.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

(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? _____

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

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

19. (a) 11-25-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature Delora G. Williams (M. D. or other) Address 804 Prof Bldg Date signed 11/24/40

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.....

Carroll W. Chubb

Licensed Embalmer No.....

3473

P. O. Address.....

962 MD

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

If this body is not embalmed, fact should be so stated above.