

3. No. 2  
-11-10-19  
5-17-19  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41533**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4926**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2817 Linwood Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2817 Linwood Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Charles F. SMYTH.**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **Ada M. Smyth** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **DECEMBER 5 1858**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **21** Days **21** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

11. Industry or business **Real Estate**

12. Name **JOHN SMYTH**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Ada M. Smyth**  
(b) Address **2817 Linwood Blvd.**

17. (a) **Burial** (b) Date thereof **12/27/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Melody-McGilley.**  
(b) Address **K. C. Mo.**

19. (a) **12-26-40** (b) **M. M. Crown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12 day 26-40**  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **12-25-40**, 19\_\_\_\_, to **12-26-40**, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Broncho Pneumonia**  
Due to \_\_\_\_\_

Due to **1070**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

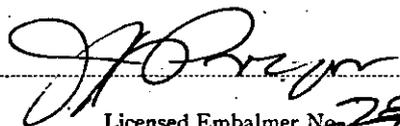
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 267  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address CC

**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.**