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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5934

Registrar's No. 706

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: 333 East 33rd Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 333 East 33rd Street (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME Mr. John Peter Smith

3. (b) If veteran, name war No

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 February (Month) 28 (Day) 1865 (Year)

8. AGE: Years 75 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Carrollton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Teamster

11. Industry or business J. C. Nichols Companies

FATHER
12. Name Bernard Smith
13. Birthplace Dublin (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Mahoney
15. Birthplace Cork (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant James E. Smith
(b) Address 333 E 33rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1941 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw ... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Primary carcinoma of the liver c̄ necrosis and fatal hemoperitoneum

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 8
Of autopsy yes

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Victor M. Mahler (M. D. or other)
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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

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