

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17436

Registration District No. 399

Primary Registration District No. 1007

Registrar's No. 2098

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
Trinity Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
(Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 East 27th Street 7
(If rural, give location)
(e) Citizen of foreign country? -No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Louis N. Smyth
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Madge W. Smyth
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October 12 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 14 hr. min.

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

10. Usual occupation Accountant

11. Industry or business

MOTHER FATHER { 12. Name Dr. Nathan Smyth
13. Birthplace Unknown
(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 Mrs. Madge W. Smyth
(b) Address 1206 East 27th Street

17. (a) Cremation (b) Date thereof May 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 28 1941 (b) M. M. Grom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1941 hour 8 minute 50 P. M.
21. I hereby certify that I attended the deceased from May 29
1941 to May 26 1941
that I last saw him alive on May 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Due to ? 74 W
Other conditions 94 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Large myocardial infarct anterior wall + Coronary thrombosis

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 Barriek Wilson (M. D. or other) M.D.
Address 1025 Rialto Bldg Date signed May 27/41

Duration
May 23/41
May 26/41
Long-standing
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address H. 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, fact should be so stated above.