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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20876

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2406

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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: O Research Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days, (Specify whether

In this community all his life, 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. 423 Gladstone Blvd., O (If rural, give location)

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

**3. (a) PRINT FULL NAME** C. Everett Smith,

**3. (b)** If veteran, name war

**3. (c)** Social Security No. 417-03-8505

**4.** Sex O Male

**5.** Color or race White

**6. (a)** Single, widowed, married, divorced O Single,

**6. (b)** Name of husband or wife x

**6. (c)** Age of husband or wife if alive x years

**7.** Birth date of deceased September (Month) 7 (Day) 1898 (Year)

**8. AGE:** Years 42 Months 9 Days 16 If less than one day hr. min.

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

**10.** Usual occupation Clerk,

**11.** Industry or business x

FATHER
**12.** Name Charles C. Smith,
**13.** Birthplace Indiana, (City, town, or county) 1 (State or foreign country)

MOTHER
**14.** Maiden name Laura Walker,
**15.** Birthplace Indiana, (City, town, or county) 1 (State or foreign country)

**16. (a)** Informant Charles C. Smith,

**(b)** Address 423 Gladstone Blvd., K. C., Mo.

**17. (a)** Burial (Burial, cremation, or removal) **(b)** Date thereof 6-25-41 (Month) (Day) (Year)

**(c)** Place: burial or cremation Forest Hill Cemetery

**18. (a)** Signature of funeral director Stine & McClure,

**(b)** Address 3235 Gillham Plaza, K. C., Mo.

**19. (a)** 6/24/41 (Date received local registrar) **(b)** M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 23rd, year 1941 hour 3:30 minute A. M.

**21.** I hereby certify that I attended the deceased from 2/2/1939, 19__ to 6/23, 1941 that I last saw him alive on 6/22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Sub Acute Yellow Atrophy of Liver Since June 21/40

Due to Cause unknown 12 5 K

Due to 2/2/39

Other conditions (Include pregnancy within 3 months of death) Chr. Ulcerative Colitis (Cause unknown)

Major findings: Of operations

Of autopsy Sub acute Yellow Atrophy Liver Chr. Ulcerative Colitis

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

**23.** Signature J. O. Fell (M. D. or other)

Address 122 Professional Bl. Date signed 6/23/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1941

AUG 4 1941

Dr. L. S. Milne,
Prof Bldg.

**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 Willis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1410

P. O. Address [illegible]

**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.**