

No. 2
-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24271**
Registrar's No. **2810**

FILED AUG 10 1941 399
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson
(a) County
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3724 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **x /**

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State (b) County **Jackson**
Kansas City (c) City or town
(If outside city or town limits, write "RURAL")
3724 Walnut (d) Street No. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **JENNETTE S. SMUTZ**

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

4. Sex **F** 5. Color of hair **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Joshua Smith** 6. (c) Age of husband or wife if alive **x** years
7. Birth date of deceased **Feb. 17, 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **5** Days **8** If less than one day
hr. _____ min. _____

9. Birthplace: _____ Pa **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Herbert**

13. Birthplace _____ Pa **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennette Smith**

15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Smutz**

(b) Address **3724 Walnut, K.C.Mo.**

17. (a) **Removal** (b) Date thereof **7-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mendon, Mo.**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**
2825 Indep. Blvd. K.C.Mo.

(b) Address _____

19. (a) **7-26-41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1941** hour **2** minute **40** P. M.

21. I hereby certify that I attended the deceased from **April 1941**
to **July 25 1941**
that I last saw her alive on **July 25 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Myocardiosis Duration _____

Due to **Gravid. Toxic. Stagn. Change**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 **Harold M. Roberts** (M. D. or other) **M.D.**

Address **1600 Prof. Bldg. K.C.** Date signed **7-26-41**

361 (Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 H. D. Blackman
Licensed Embalmer No. 3639
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.