No. 2
-1-4-41
-17-3
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24861

State File No.

FILED AUG 7 1941

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community unknown 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 1010 East 27th St. Apt. 522
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Coit A. Smith

3. (b) If veteran, name war World

3. (c) Social Security No. 488-09-5874
~~486-09-5874~~

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Smith

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 17, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	0	hr. min.

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

10. Usual occupation Electrical Salesman

11. Industry or business ?

FATHER
12. Name Harry Smith
13. Birthplace Hagerstown Maryland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mame Coit
15. Birthplace Americus, Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Veterans Administration Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-41
(Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks, Mo.

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.

19. (a) July 19-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1941 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from June 29, 1941, to July 17, 1941;
that I last saw him alive on July 17, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism, cerebral	
Hemiplegia, left, partial, due to cerebral embolism	
Due to: Coronary arteriosclerotic disease of heart with anterior coronary occlusion, recent, myocardial fibrosis	
Other conditions: anginal syndrome and myocardial insufficiency, class 4 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy

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 E.A. Welch (M. D. or other)
Address E.A. WELCH, M.D. Veterans Administration Date signed 7-18-41

100 (Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-5-41

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Mo.

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

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