

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30614
Registrar's No. 3370

FILED OCT 13 1941

Registration District No. 347

Primary Registration District No. 1002

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:
209 East 46th Street - Apt. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 Years
(Specify whether 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. 209 East 46th Street - Apt. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mr. Roland Orr Smith

20. DATE OF DEATH: Month Sept. day 8th
year 1941 hour 7 minute 30 A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Sept 8 to Sept 8, 1941.
that I last saw him alive on Sept 8, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Erma Smith 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased August 21 1882
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure
Anemia (2ndary)
Chr. nephritis
Chr. pneumonia
Due to Chr. pneumonia
Duration 3 wks.
1 1/2 yrs.
4 mos.
10 yrs.

8. AGE: Years Months Days If less than one day
59 0 18 hr. min.

Other conditions Chr. leg ulcers
(Include pregnancy within 3 months of death)
Major findings: Of operations 138
Of autopsy 138
PHYSICIAN 20 yrs.
Underline the cause to which death should be charged statistically.

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business R. O. Smith Warehouse

12. Name Seymour Smith

13. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Martha Belle Orr

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Smith

(b) Address 209 East 46th St.

17. (a) Removal (b) Date thereof Sept. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sioux City, Iowa

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/9/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

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 Rip Palmer (M. D. or other) 0
Address 928 Professor Bldg Date signed 9-8-41

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

1000

1200
noon - 4:30

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. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address N. 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.