V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1428

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 293

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: 1319 East 62nd. Terr. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 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") 8
(d) Street No. 1319 East 62nd. St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roy P. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. 495-05-2227

4. Sex male 0

5. Color or race white 1

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

6. (b) Name of husband or wife Mrs. Flossie Smith

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

7. Birth date of deceased June 1.1 (Month) 1st. (Day) 1898 (Year)

8. AGE: Years 43 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation In Legal Dept. Public Ser-

11. Industry or business ice Co.

FATHER
12. Name J.T. Smith
13. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ellie Martin
15. Birthplace Connersville, (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Mrs. H.S. Frisby
(b) Address 1700 East 51st

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Bernard G. Quirk
(b) Address 20 West Linwood Blvd

19. (a) 1-22-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21 day
year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1, 1935, 19, to Jan 21, 1942
that I last saw him alive on Jan 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Aortic Regurgitation
Due to Syphilis
Other conditions (Include pregnancy within 3 months of death) 30g

Major findings:
Of operations
Of autopsy

Duration unknown

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 0

23. Signature R W Anderson (M. D. or other)
Address 915 Argyle Bldg Date signed 1-22-42

(Licensed Embalmer's Statement on Reverse Side)

MC

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 John J Conroy, Registered Apprentice No. 307, working under my personal supervision.

Signed Charles M Quirk

Licensed Embalmer No. 3634

P. O. Address

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.