No. 2
9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5638

FILED MAR 9 1942

Registration District No. 9 1942 9

Primary Registration District No. 1002

Registrar's No. 445

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:
7126 Grand Ave. 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 23 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")

(d) Street No. 7126 Grand 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Ray Morse Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Harry M. Smith

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September (Month) 6 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	24	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry J. Morse
13. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Alice George
15. Birthplace (City, town, or county) 1 Ohio (State or foreign country)

16. (a) Informant Harry M. Smith
(b) Address 7126 Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 2/1/42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 1-30-42
year hour minute M.

21. I hereby certify that I attended the deceased from 4 30 P.
Deputy Coroner, 19, to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized anasarca

Due to Chronic myocardial infarction

Due to Old coronary occlusion

Other conditions
(Include pregnancy within 3 months of death) 940

Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address K.C. Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address SE 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.