

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1942

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1671

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:
At Home / 700 W. 75th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 27

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. 700 West 75th Terrace
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Buford E. SMITH

(b) If veteran No.

(c) Social Security No. 496-09-3289

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 th year 1942 hour .. minute .. a. M.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 24 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr - 23 1942 to April 25 1942

that I last saw alive on April 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

8. AGE: Years 68 Months 2 Days 1 If less than one day .. hr. .. min.

Due to Arterio-sclerosis - arterial hypertension

Due to ..

Other conditions 83a
(Include pregnancy within 3 months of death)

9. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Punch Press Foreman 17 Years

11. Industry or business Irving-Bitt Printing Co.

Major findings:
Of operations ..

Of autopsy ..

PHYSICIAN ..

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Alexander Smith

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

14. Maiden name Texanner Stinnett

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

16. (a) Informant Mrs. Maggie M. Smith.

(b) Address 700 West 75th St. Terrace.

17. (a) Burial (b) Date thereof 4/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address K.C. Mo.

19. (a) 4-28-42 (b) M. M. Graw
(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 ..

(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? Yes (Specify type of place) (c) Means of injury 1

23. Signature G. C. Reuley (M. D. or other) M.D.

Address 832 Argyle Bldg Date signed 4/25/42

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

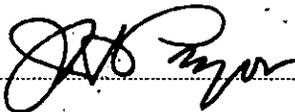
MC

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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.....



Licensed Embalmer No.....

2999

P. O. Address.....

KC

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.