. S. No. 2
M—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 MAY 14 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 13552
Registrar's No. 1735

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: 12 E. 72nd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 28
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 12 E. 72nd St. 8
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Lewis F. Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie E. Smith
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: December (Month) 4 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	27	....hr. ....min.

9. Birthplace (City, town, or county): Illinois 1 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Farmer

FATHER
12. Name: William H. Smith
13. Birthplace (City, town, or county): Canada 8 (State or foreign country)

MOTHER
14. Maiden name: Melissa Bowman
15. Birthplace (City, town, or county): Illinois 1 (State or foreign country)

16. (a) Informant: Mrs. Minnie Smith
(b) Address: 12 E. 72nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-4-42 (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) 5-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 1 year: 1942 hour: 4 minute: 15 P.M.
21. I hereby certify that I attended the deceased from May 26, 1941, to May 1, 1942, that I last saw him alive on April 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Minutes
Due to: Auricular Fibrillation	1 yr
Hypertension	4 yrs
Due to: Arteriosclerosis	4 yrs.
Other conditions (Include pregnancy within 3 months of death): 94a	

Major findings:
Of operations: none
Of autopsy: none

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: L. J. Brennan (M. D. or other) M.D.
Address: 4084½ N 75 Date signed: 5/2/42

341 (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.....

Licensed Embalmer No.....

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.