V. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26501

State File No. 3111

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: St. Mary' sHospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community 19 Years

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. 1227 East 11th Street
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country O

48
3
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3. (a) PRINT FULL NAME Mr. Lester R. Smith, Jr.
3. (b) If veteran, name war None
3. (c) Social Security No. 494-14-6722
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Smith
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased September (Month) 17 (Day) 1922 (Year)
8. AGE: Years 19 Months 10 Days 30 29 If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation Automobile & Airplane Mechanic
11. Industry or business T.W.A. Airlines
FATHER 12. Name Lester R. Smith
13. Birthplace Chillicothe (City, town, or county) Missouri O (State or foreign country)
MOTHER 14. Maiden name Cordia J. Bayles
15. Birthplace Chillicothe (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant Lester R. Smith Sr.
(b) Address 430 West 11th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director O. H. Mucomes & Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-18-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942 hour 5 minute 32 A.M.
21. I hereby certify that I attended the deceased from July 9, 1942, to August 16, 1942, that I last saw him alive on August 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Lymphatic Leukemia	40 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Acute Lymphatic Leukemia

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 O

23. Signature Leo A. O'Brien (M. D. or other) M. D.
Address 814 Porter Bldg K.C. Mo. Date signed 8/17/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo. A. O'Brien
Porter Bldg

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 R. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. 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.