

No. 2
-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36415

State File No.

FILED DEC 7 1942

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
4210 Wayne Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **---**
(Specify whether)

In this community **Lifetime**
years, months or days

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. **4210 Wayne Avenue**
(If rural, give location)

(e) Citizen of foreign country? **None** (Yes or No)

If yes, name country **0**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mr. Frank Burton Smith**

3. (b) If veteran, name was **None**

3. (c) Social Security No. **510-05-4576**

20. DATE OF DEATH: Month **November** day **27th**
year **1942** hour **7** minute **30 A.M.**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Vallie Ann Smith**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **August 26 1902**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 27 1942** to **Nov 27 1942**
that I last saw him alive on **Nov 27 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction - Coronary** Duration **11-27-42**

8. AGE: Years **40** Months **3** Days **1** If less than one day hr. min.

Due to **Bilateral high grade arterio-sclerosis of either coronary artery** Months

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

Due to **artery** Months

10. Usual occupation **Worker**

11. Industry or business **Lake City Ordinance Plant**

Other conditions **right fibrous pleurisy** Months
(Include pregnancy within 7 months of death)

12. Name **John Smith**

13. Birthplace **Parsons Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie E. Murch**

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

Major findings: **Chronic adhesive peritonitis** PHYSICIAN

Of operations **94cc**

16. (a) Informant **Mrs. Vallie Ann Smith**

(b) Address **4210 Wayne Avenue**

Underline the cause to which death should be charged statistically.

Of autopsy **As above**

17. (a) **Burial** (b) Date thereof **Nov., 30, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? **✓**

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **D. G. Newcomers, Sr.**

(b) Address **1401 Brush Creek Blvd.**

While at work? **✓** (Specify type of place)

(c) Means of injury **✓**

19. (a) **11-28-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

23. Signature **Maurice L. Jones** (M. D. ~~initials~~)
Address **909 Argyle Bldg** Date signed **11-27-42**

DEF 29 1023

OCT 16 1953

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. 1940
P. O. Address. 1401 Birch Creek Bldg

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.