

2  
441  
7-39  
DC29454

FILED MAR 5 1943 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C., Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. The Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 20 years  
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. 2838 Troost  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William C. Smith

3. (b) If veteran, name war No 3. (c) Social Security No. 487-073389

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Francis A. 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Jan 10, 1908  
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Radio operator

11. Industry or business Radio Station

MOTHER FATHER

12. Name Wm Smith

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

14. Maiden name Louise Hughes

15. Birthplace Platte City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of K.C. T.B. Hosp  
(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 2-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnie Spivey Co

18. (a) Signature of funeral director T.P. Fulten  
(b) Address Kennett, Mo.  
19. (a) 2-24-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1943 hour 12: minute 00

21. I hereby certify that I attended the deceased from 2-2-43  
1943 to 2-22 1943  
that I last saw him alive on 2-22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 4 yrs.

Due to 13B

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Matthew J. Poon (M. D. or other) \_\_\_\_\_  
Address K.C. T.B. Hosp. Date signed 2/27/43

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

MAR 22 1943

**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. A. Fulton*

Licensed Embalmer No.

*3503*

P. O. Address

*W. C. Mason*

**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.**