V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17153

State File No.

FILED JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2309

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: 6005 Wyandotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ---
In this community: 47 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 6005 Wyandotte Street 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: Mr. William Henry Smiley

3. (b) If veteran, name war: No

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Ida Bell Smiley

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: December (Month) 31 (Day) 1861 (Year)

8. AGE: Years 81 Months 8 Days 16 If less than one day: hr. min.

9. Birthplace: Tippicanoe County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Meat Inspector-U.S.Government

11. Industry or business: Retired 13 Years

MOTHER FATHER

12. Name: Ephraim Gard Smiley

13. Birthplace: Tippicanoe County (City, town, or county) Indiana (State or foreign country)

14. Maiden name: Martha Sarah Walden

15. Birthplace: Tippicanoe County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Ida Bell Smiley

(b) Address: 6005 Wyandotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Moriah

18. (a) Signature of funeral director: O. N. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 5-19-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1943 to May 17, 1943 that I last saw him alive on May 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	14 days
Due to: Arteriosclerosis	years
Due to: Hypertension	years
Due to:	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Edwin Thiessen (M. D. or other)

Address: Raytown Mo Date signed: 5-18-43

(Licensed Embalmer's Statement on Reverse Side)

Professional 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. H. O. 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.