. S. No. 2
00M—2-43
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

State File No. 20613

Registration District No. FILED JUL 13 1949 49

Primary Registration District No. 1002

Registrar's No. 2877

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: 439 S. Colorado /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 9

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 439 S. Colorado
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Wesley Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White /

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

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 5, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	22	..... hr. ..... min.

9. Birthplace Shoals (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Travelling Salesman

11. Industry or business Eagle Refining Company

FATHER
12. Name Feilding Smith
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Smith

(b) Address 439 S. Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1943 (Month) (Day) (Year)

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

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 6-28-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1943 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from 4-8, 1943 to 5-1, 1943
that I last saw him alive on 5-1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Years

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 2

23. Signature [signature] (M. D. or other) DD

Address 3201½ E 12th Date signed 6-28-43

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(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. B H Blackman

Licensed Embalmer No. 2244

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.