

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30817
3918
Registrar's No. _____

FILED SEP 28 1943
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1127 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Six months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Wyandotte 14
(c) City or town Kansas City, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 32 S. Pyle (If rural, give location)
(e) If foreign born, how long in U. S. A? 65 2 years.

3. (a) PRINT FULL NAME Lena McChintock
3. (b) If veteran, name war no 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 12
year 1943 hour 5:00 minute _____ a. M.
21. I hereby certify that I attended the deceased from 1925
19____ to Sept. 12, 19____
that I last saw her alive on Sep. 12, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16, 1865
(Month) (Day) (Year)

Immediate cause of death Passive congestion Duration _____
Due to Mitral insufficiency
Due to 92d

8. AGE: Years Months Days If less than one day
78 3 26 hr. _____ min.

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.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name John Smeltz
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.C. McCormick
(b) Address 1127 Troost
17. (a) Burial (b) Date thereof 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill
18. (a) Signature of funeral director E. E. Brown
(b) Address 1416 Minnesota
19. (a) 9-13-43 (b) J. E. Brown, Reg
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature H. C. McCormick (M. D. or other)
Address 1127 Troost, K.C. Mo. Date signed 9-14-43

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

MOYER FATHER {

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.....

D. N. Beckwith

Licensed Embalmer No. *3937*

P. O. Address *Kansas City, Kansas*

-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.