S. No. 2
DM—2-43
5-17-39

FILED SEP 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30969

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3874

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few min (Specify whether
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1701 East 17th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EARL KID SMITH

3. (b) If veteran, name war None

3. (c) Social Security No. 510-07-3846

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Jospehine Smith

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 22, 1892 (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 9 ~~10~~ If less than one day hr. min.

9. Birthplace Birmingham, (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Swift's Packing Co.

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

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

16. (a) Informant Josephine Smith
(b) Address 1701 East 17th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ 7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue

19. (a) 9 8-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death O. B. Meningitis

Due to

Due to 14

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Insp. History

Duration

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 P. P. Richardson 3 (M.D. or other)
Address 1832 Vine Date signed 9-3-43

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(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1944

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. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.