S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3754C

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4656

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: 4142 Troost Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community: 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 4142 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Ireland 7

3. (a) PRINT FULL NAME: Mr. Stephen Joseph Smith, Sr.
3. (b) If veteran, name war: No
3. (c) Social Security No.: 500-22-4684
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Mrs. Bertha Smith
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: December (Month) 25 (Day) 1869 (Year)

8. AGE: Years 73 Months 10 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation: Grocer
11. Industry or business: Smith Grocery Company

FATHER
12. Name: Bernard Smith
13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Irene Smith
(b) Address: 4142 Troost Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery
18. (a) Signature of funeral director: O. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 11-2-43 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1943 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10-20-43, 19__, to 10-21-43, 19__; that I last saw him alive on 10-21-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	
Due to: 94 m	
Due to:	
Other conditions: Pneumonia (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: F. H. Hodgson (M. D. or other) M.D.
Address: 200 Plaza Med Bldg Date signed: 11/1/43

(Licensed Embalmer's Statement on Reverse Side)

200 Olga Medical 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.