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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20885

State File No.

FILED JUL 15 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2831

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:
4230 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 25 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4230 Woodland
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN T. SMITH

3. (b) If veteran, name war No

3. (c) Social Security No. 495-09-5487

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1944 hour 1: minute 45 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Naomi

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 4, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1943 to July 6 1944 that I last saw him alive on July 6 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Olathe Kansas
(City, town, or county) (State or foreign country)

Immediate cause of death:
Myocardial Infarction

Due to Valvular Heart Disease - 12 years

Due to Chronic Bright Disease - 12 years

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Richard & Conover Hdw. Co

11. Industry or business

12. Name Frank Smith

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wright

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings:
Of operations 1316

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Naomi South

(b) Address 4230 Woodland

17. (a) Burial (b) Date thereof 7/8/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Quirk and Colins Co.

(b) Address 20 W. Linwood Blvd.

19. (a) 7-7-44 (b) D. E. Brown
(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 Quirk and Colins Co. (M. D. or other) 574

Address 1103 Ashmun Date signed 7-7-44

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

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.....

Licensed Embalmer No.....

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.