

FILED AUG 23 1944 149

Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
28
3
8

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: Central Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 53 years years, months or days)

3. (a) PRINT FULL NAME HENRY BURNS SMITH
3. (b) If veteran, name war NO
3. (c) Social Security No. 710

4. Sex Male **5. Color of race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife My Shaw Smith
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 21, 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>19</u>	hr. min.

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

10. Usual occupation Carpenter Cabinet Maker

11. Industry or business Independent

12. Name Unknown Smith

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

14. Maiden name Nancy D. D.

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

16. (a) Informant Mrs Laura May Shaw Smith

(b) Address 3005 East 125th Street

17. (a) Burial (b) Date thereof Aug 14, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. F. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-11-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 3005 East 125th Street
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 10
 year 1944 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, 19____;
 that I last saw him _____ alive _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death <u>Cardiac Failure</u> <u>Coronary Atherosclerosis</u>	Duration
Due to: <u>Chronic Emphysema</u>	
Due to: <u>Healed Pyelonephritis</u>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>NO</u>	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

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 A. E. Upsher (M. D. or other) 5 M. D.
 Address 231 Mezey Date signed 8/11/44

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

Frank J. [unclear]

Licensed Embalmer No.

1940

P. O. Address

1401 Bush Creek Rd

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.