S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30311
Registrar's No. 3912

Registration District No. 149 Primary Registration District No. 1002

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City 49
(If outside city or town limits, write "RURAL")
(d) Street No. 2418 Holmes 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY T. SMILEY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 13 (Day) 1858 (Year)

8. AGE: Years 86 Months 6 Days 14 If less than one day hr. min.
9. Birthplace ~~Not Known~~ (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Harry Smiley
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Treaber
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Roy Bement
(b) Address 4320 Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope K.C. Kans
18. (a) Signature of funeral director C. A. Thierson
(b) Address 2512 Holmes
19. (a) 9-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1944 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h Deputy Coroner , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Fracture of Hip	
Due to Injury By Fall	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Inspection & History	

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) Accident 123
(b) Date of occurrence Sept. 13, 1944
(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Trauma
23. Signature A. E. Upshez (M. D. or other) MD
Address 231 McCoy Date signed 9/27/44

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(Licensed Embalmer's Statement on Reverse Side)

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 P. G. Thrissen

Licensed Embalmer No. 2361

P. O. Address 2512 Holmes St

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.