

No. 2
5-43
5-17-39
1 X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **532**

FILED FEB 14 1945
Registration District No. **149**

Primary Registration District No. **1002**

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:
1601 WYANDOTTE STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **3.5 YEARS**
years, months or days

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. **1601 WYANDOTTE STREET**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MR. CHARLES WITTY SMITH**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **# unkn.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **31** year **1945** hour **6** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 30** 19**45** to **Jan 31** 19**45**

that I last saw him alive on **Jan 31st** 19**45** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MRS. ALTA A. SMITH**

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

7. Birth date of deceased **APRIL 13 1892**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**

Due to **Cold, Flu & Influenza**

Duration **3 days**

8. AGE: Years **52** Months **9** Days **18**

If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **MT. VERNON MISSOURI**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations **336**

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation **RETIRED - TRUCK DRIVER**

11. Industry or business **J.C. NICHOLS COMPANY**

MOTHER FATHER

12. Name **WILLIAM SMITH**

13. Birthplace **MT. VERNON MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **EDITH CARTER**

15. Birthplace **UNKNOWN ILLINOIS**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **MR. CHARLES MORRIS SMITH**

(b) Address **1601 WYANDOTTE STREET**

17. (a) **BURIAL** (b) Date thereof **FEB. 3 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **D. E. Brown** (M. D. or other) **M.D.**

Address **925 Argyle Blvd. KC Mo.** Date signed **1-31-45**

18. (a) Signature of funeral director **D. J. Newcomer, Son**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **2-2-45** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

1985
11:30. 5:12
11/11/85

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

Lucas Northey

Licensed Embalmer No.

Kansas City

P. O. Address

1767

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.