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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5333

FILED FEB 17 1945

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 606

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: K. C. General Hospital No. 1 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)

In this community: 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 44

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4422 Greenwood Place 8
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Louis K. Smith

3. (b) If veteran, name war: No

3. (c) Social Security No. 499-09-1834

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: January 17, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	17	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired Plumber

11. Industry or business:

FATHER

12. Name: William N. Smith

13. Birthplace: Ireland (City, town, or county) (State or foreign country) 4

MOTHER

14. Maiden name: Emma Hillikes

15. Birthplace: Canada (City, town, or county) (State or foreign country) 1

16. (a) Informant: Miss Lenora E. Smith

(b) Address: 4403 Penn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri.

19. (a) 2-6-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 4 year: 1945 hour: 4 minute: 20 A.M.

21. I hereby certify that I attended the deceased from January 23, 1945 to February 4, 1945 that I last saw him alive on February 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Duration

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy: None

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: 0

23. Signature: Clark W. Seely M.D. (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 2-5-45

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.