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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29903

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4003

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: Wheatley-Provident 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 48 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2006 Summit (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harvey Sawyer Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Joanna Richardson Smith

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

7. Birth date of deceased November (Month) 25 (Day) 1868 (Year)

8. AGE: Years 76 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Train Fireman

11. Industry or business

FATHER
12. Name Samuel W. Smith
13. Birthplace " (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Elvira W. Jane
15. Birthplace " (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Linnie Smith Mrs

(b) Address 1033 New Jersey St 15 C 2 K

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery K.C.

18. (a) Signature of funeral director Fannie L. Mott

(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) 9-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 2 Sept. 5 1945 to Sept. 26 1945 that I last saw him alive on Sept. 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma — Duration 24 hrs

Due to Chronic nephritis

Due to

Other conditions Artero Sclerosis (Include pregnancy within 3 months of death) 6 months

Major findings: Of operations — 131 b

Of autopsy —

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

23. Signature S. M. Miller (M. D. or other)

Address 1605 E. 18 Kan. Mo. Date signed 9-28-45

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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 Fannie L. Meek

Licensed Embalmer No. 3818

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.