S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36396

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. 4937

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: 211 West 51st Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 50 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. 211 West 51st Terrace,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Charles C. Smith

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mary Simons Smith

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

7. Birth date of deceased April (Month) 6 (Day) 1862 (Year)

8. AGE: Years 83 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business Contractor

FATHER
12. Name
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Simons,
(b) Address 211 West 51st Ter., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1945 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from March 2 1943, 19.. to Nov 29, 1945 that I last saw him alive on Nov 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	36 hrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

Major findings:
Of operations
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? Means of injury

23. Signature John G Henry (M. D. or other) DO
Address 216 Independence Ave Date signed 11-29-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Henry
Hosp 114 Harrison
Before 12 o'clock

For Stine - McClure

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.