

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40269**  
Registrar's No. **5277**

**FILED JAN 8 1946**

Registration District No. 171 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:  
3803 Highland  
(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 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **47**  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") **3**  
(d) Street No. 3803 Highland  
(If rural, give location) **0**  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Roy Dickson Smart

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 702-12-1733

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Cecil Smart 6. (c) Age of husband or wife if alive 55 5/8 years

7. Birth date of deceased July 29 1894  
(Month) (Day) (Year)

8. AGE: Years 52 5/8 Months 4 Days 27  
If less than one day hr. min.

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

10. Usual occupation Cashier

11. Industry or business Kansas City Southern R. R.

12. Name Steven Smart  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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

16. Informant Mrs. Anna Cecil Smart  
17. (a) Address 3803 Highland, Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo.  
18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-21-45 (b) Doraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19  
year 1945 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 11:00 PM on Dec 19, 1945 to 11:30 PM - Dec 19, 1945  
that I last saw him alive on Dec 19, 1945, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion Duration

Due to myocardial + coronary disease

Due to Chronic myocarditis, coronary artery sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations none **930**

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) (e) Means of injury  
While at work

23. Signature G. M. [Signature] (M. D. or other)  
Date signed 12-20-45

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

MOTHER FATHER

*Carroll Beale*  
*H. P. M.*

Dr. Osgood

JAN 10 1946

JAN 10 1946

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

*Robert H Reed*

Licensed Embalmer No.

*3745*

P. O. Address

*N.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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. ....

County of Jackson

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5277

On this 7th day of February, 1945, before me appears Anna Cecil Smart

who, upon her oath, states that the original record of ~~birth~~ death

for Roy Dickson Smart died Dec. 19th, 1945, in the State of

Missouri, and which was filed at Kansas City on 12-21, 1945, should be corrected as follows:

Item No. 6-B should read Anna Cecil Smart

Instead of Anna Cecuk Smart

Item No. 6-C should read 53 years

Instead of 51 years

Item No. 8 should read 52 years

Instead of 51 years

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Anna Cecil Smart Self Relationship

3803 Highland Present Address.

Subscribed and sworn to before me this 7th day of Feb., 1945

My Commission expires Oct. 20, 1947 Barrie M. Ruppelins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

40269