

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1765

FILED FEB 11 1946

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 465

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:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hrs.  
(Specify whether years, months or days)

In this community 13 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

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

(d) Street No. 1923 So Ferrce  
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Baby Boy Smith

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

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

6. (c) Age of husband or wife if alive 26 years (Day) (Year)

7. Birth date of deceased Jan 26 46  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

13 hr. min.

9. Birthplace - Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Newborn

11. Industry or business Newborn

MOTHER FATHER {

12. Name Warren Loree Smith

13. Birthplace Cooper Hill Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Dell Parrott

15. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Loree Smith

(b) Address 1923 So. Ferrce Kan, City, Kan

17. (a) Burial (b) Date thereof 1-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Quirk & Tolin Co

(b) Address 20 W. Linwood Blvd

19. (a) 1-28-46 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26  
year 1946 hour 3 minute 15P M.

21. I hereby certify that I attended the deceased from 1/26 1946 to 1/26 1946  
that I last saw h. im alive on 1/26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Prematurity

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. S. Beloval (M. D. or other) M.D.  
Address 1401 Southwest Blvd Date signed 1/28/46

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

1250

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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.....

*Charles M. Quirk*

Licensed Embalmer No.....

*3774*

P. O. Address.....

*76 E 7th*

**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.**