S. No. 2
M—2-43
5-17-39
1 X35697

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. 13375

FILED MAY 6 1946

Registration District No. 1 Primary Registration District No. 1002 Registrar's No. 1873

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few min. (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C. (If outside city or town limits write "RURAL")
(d) Street No. 2139 E 8th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW J. SMITH
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)
8. AGE: Years 77 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) unknown (State or foreign country)
10. Usual occupation Unknown
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Coroner's Office
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary Cem KC
18. (a) Signature of funeral director Sebbeto's
(b) Address KC Mo
19. (a) 4-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1946 hour 6 minute 10 p.m.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Deputy Coroner	
Multiple stab wounds	
Due to of neck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 167	
Of autopsy Inspection	

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) Homicide
(b) Date of occurrence 4/18/46
(c) Where did injury occur? Kansas City (City or town) Mo (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? No (e) Means of injury Stab
23. Signature U.E. Upner (M. D. or Coroner)
Address 2800 Main Date 4/21/46

(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address KCM

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.