

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36672

**FILED** MAY 20 1946

Registration District No. **147** Primary Registration District No. **1002**

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

15735

**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:  
1630 Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether)  
In this community 15 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1630 Jefferson **8**  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joseph L. SMITTLE  
3. (b) If veteran, name war No 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month May day 9  
year 1946 hour 6 minute 15 P.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Reldia Smittle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 14 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/24/1943 to 5/9/1946  
that I last saw him alive on 5/9/1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death lobar Hypostatic Pneumonia  
Myocardial Deconpensation  
Due to old age and  
Generalized emunctio.  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer  
11. Industry or business Retired

**MOTHER FATHER**  
12. Name Alexander Smittle  
13. Birthplace Brown County Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary O'Dell  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Major findings:  
Of operations 108  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Smittle  
(b) Address 1630 Jefferson  
17. (a) Removal (b) Date thereof 5-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley-Eyler  
(b) Address 1800 E. Linwood Blvd.  
19. (a) 5-10-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. Stephens **2** 90  
(Specify type of place) (a) - Means of injury. (M. D. or other)  
Address 3. E. 39th Date signed 5/10/46

Report 252

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Dr. E. B. Stephens  
Wesley Bldg - 39th + W. 11th  
Mo. 4415

**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 Edw E. Heck

Licensed Embalmer No. 4063

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.