

FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 13673  
 Registrar's No. 1968

Registration District No. 149

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:  
2117 Forest Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)  
 In this community 3 weeks  
(Specify whether 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. 2117 Forest Avenue 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd Smith

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 7, 1947  
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
				<u>22</u>	hr. min.

9. Birthplace Kansas City, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Floyd Lewis 9

13. Birthplace Sulphur Springs, Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Inez Smith

15. Birthplace Holden, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Smith

(b) Address 2117 Forest Avenue

17. (a) Burial (b) Date thereof 5/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Brown

(b) Address 1729 Lydia Avenue

19. (a) 5-2-47 (b) Edw. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
 year 1947 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from April 27, 1947 to April 29, 1947  
 that I last saw him alive on April 29, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchial Pneumonia

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

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

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

Major findings: 1.07  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 \_\_\_\_\_

23. Signature L. W. Booker (M. D. or other) \_\_\_\_\_

Address 2028. 21st Date signed 5/1/47

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

MOTHER FATHER

Dr. Booker

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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 Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**