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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1947

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20331**
Registrar's No. **87**

Registration District No. **59** Primary Registration District No. **4097**

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

1. PLACE OF DEATH:

(a) County **Cass**

(b) City or town **Harrisonville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**

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

(d) Street No. **1107 S. Independence**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Baird Smith**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

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

6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased: **March 22-1867**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1947** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from **June 4**, 1947, to **June 9**, 1947;
that I last saw him alive on **June 9**, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia**

Due to _____

Due to _____

Other conditions: **Mitral regurgitation**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

8. AGE: Years **80** Months **2** Days **18** If less than one day **hr. min.**

9. Birthplace: **Jackson Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name: **Enoch Smith**

13. Birthplace: **Temer**
(City, town, or county) (State or foreign country)

14. Maiden name: **Harrist Baker**

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

16. (a) Informant: **Mrs. C. A. Edmiston**

(b) Address: **Advan**

17. (a) **Burial** (b) Date thereof: **June 12-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Church**

18. (a) Signature of funeral director: **RUNNENBURGER'S**

(b) Address: **HARRISONVILLE, MO.**

19. (a) **June 11-1947** (b) **Raura J. Jones**
(Date received local registrar) (Registrar's signature)

Duration: **5 days**

PHYSICIAN: **H. Y. T. S.**

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 _____

23. Signature: **J. S. Triplett, M.D.** (M. D. or other) _____

Address: **Harrisonville Mo** Date signed: **6/11/47**

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.....

Ernest Zimmerman

Licensed Embalmer No. *3368*

P. O. Address. *Harrisonville 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.