No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24385

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3027

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: JURY BOX JACKSON COUNTY COURT HOUSE 5TH FLOOR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 38
(If outside city or town limits, write "RURAL")

(d) Street No. 23 WEST-66TH STREET TERRACE 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. DWIGHT M SMITH, SR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Georgia Smith

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March (Month) 22 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	23	hr. min.

9. Birthplace Mt. Victory (City, town, or county) Ohio (State or foreign country)

10. Usual occupation ATTORNEY

11. Industry or business TAX

FATHER
12. Name John Tyler SMITH
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Dwight Smith, Jr.
(b) Address 6832 Rockhill Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 15TH year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-31-46, 19..., to 1-23-47, 19...; that I last saw him alive on 1-23-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis, acute	
Due to Arteriosclerosis	
Due to	
Other conditions Valvular heart disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Robert C. McClanahan (M. D. or other)

Address 820 Professional Bldg. Kansas City, Mo. Date signed 7/16/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

8 20 Professional Bldg.

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 Bernard L Foran

Licensed Embalmer No. 4250

P. O. Address K C 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.