

No. 2
-1/47
-17-39

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1551
State File No. **31448**
Registrar's No. **4042**

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1947
Registration District No. **1947**

Primary Registration District No. **1002**

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

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:
2614 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2614 Highland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William A. Smith**
(b) If veteran, name war **None**
(c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edith Smith**
6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **March 28 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 **5** **22** hr. min.

9. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business

MOTHER FATHER
12. Name **George Oliver Smith**
13. Birthplace **New Orleans La.**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Butler**
15. Birthplace **Charles Co. Md.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edith Smith**
(b) Address **2614 Highland**

17. (a) **Burial** (b) Date thereof **9/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **E. Sterling Bills**
(b) Address **1212 Vine St. Kansas City, Mo.**

19. (a) **9-23-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **20**
year **1947** hour **10:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **Aug.**
1945 to **September 20 1947**
that I last saw him alive on **September 20** 19**47**:
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Hypertensive Heart Disease**
Due to " " " "

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**
Of autopsy

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
Signature **George W. Galt** (M. D. or other) **M. D.**
2123 E. 15th St. Address Date signed **9/22/47**

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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.....

E. Sterling Bills

Licensed Embalmer No..... 3178.....

P. O. Address..... 1212 Vine St., Kansas Cit.....
M

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.