

FILED JAN 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41932**
5444
Registrar's No. _____

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: 15 E. 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Do not know
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 15 E 6th St
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oscar Smith

3. (b) If veteran, name war Do not know 3. (c) Social Security No. unknown

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Do not know

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

7. Birth date of deceased 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace Do not know g
(City, town, or county) (State or foreign country)

10. Usual occupation none 1

11. Industry or business _____

12. Name Do not know g

13. Birthplace Do not know g
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace unknown g
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner office

(b) Address K C Mo

17. (a) School (b) Date thereof Dec 27 1947
(Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: College of Osteopathy & Surgery

18. (a) Signature of funeral director Plummer Bus

(b) Address 12 G Mo

19. (a) 12-26-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from known, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to arterio sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) g 30

Major findings: Of operations _____
Of autopsy no
History & Impression

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 2

23. Signature Geraldine Holmes (M. D. or other) Coroner
Address 12 G Mo Date signed 12-26-47

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

MOTHER FATHER

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 *F. S. Walton*

Licensed Embalmer No. *2744*

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.