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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42060

FILED DEC 31 1947

Registration District No. 1570

Primary Registration District No. 5572

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Emg. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether

In this community 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 612 Harris (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Smith

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 30th (Day) 1865 (Year)

8. AGE: Years 82 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Pulaski County, Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter

11. Industry or business

FATHER
12. Name Jesse Smith
13. Birthplace no data (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name no data
15. Birthplace no Data (City, town, or county) (State or foreign country) 9

16. (a) Informant Lloyd Smith (son)

(b) Address 612 Harris

17. (a) Kansas City Mo (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence Mo

19. (a) 12-18-47 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th year 1947 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11-14-47, 19, to 12-11-47, 19; that I last saw him alive on 12-11-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic heart disease	yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

Signature Frank E. Treharne, M.D. (Dr. or other)

Address R#4 Independence Mo Date signed 12-12-47

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley M. Seaton, Registered Apprentice No. 448, working under my personal supervision.

Signed Roland R. Beaker

Licensed Embalmer No. 3604

P. O. Address Joplin, 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.