S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8917

Registrar's No. 1337

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 118
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5631 Highland 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: HENRY W. SMITH

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

3. (c) Social Security No.: 495-10-7820

4. Sex: Ma 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Elsie Comer Smith

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

7. Birth date of deceased: June (Month) 14 (Day) 1891 (Year)

8. AGE: Years 56 | Months 9 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Tailor

11. Industry or business: Copeland's

FATHER
12. Name: John A. Smith 1
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Caroline Braun
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Gertrude Pontious
(b) Address: 5631 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 3-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 7: minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan ..., 19 48, to 25 Mar 19 48 that I last saw him alive on 25 Mar 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to: Cancer of colon.	
Other conditions: (Include pregnancy within 3 months of death) multiple intest. adhesions following re-section of colon.	
Major findings: Of operations:	
Of autopsy: none - 46 h	

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: R. M. Myers (M. D. or other) M. D.
Address: 025 Realty Bldg. Date signed 26 Mar '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Rec'd to Reg
11-4751

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.