

S. No. 300
OM - 10-47
ev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12895**
Registrar's No. **1808**

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
4038 BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **45 YEARS** (Specify whether years, months or days)

In this community **45 YEARS**

3. (a) PRINT FULL NAME **MR. MASON FREEMAN SMITH, JR.**

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 **MRS. MARY L. SMITH**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **MARCH 26 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	25	hr. _____ min.

9. Birthplace **DOWAGIAR MICHIGAN**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANIC**

11. Industry or business **CITY WATER DEPARTMENT**

12. Name **M. F. SMITH**

13. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

14. Maiden name **R. A. C. M. INTOSH**

15. Birthplace **SCOTLAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MARY L. SMITH**

(b) Address **4038 BROOKLYN AVENUE**

17. (a) **BURIAL** (b) Date thereof **APRIL 24 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLYD**

19. (a) **4-24-48** (b) **Heraldine Holman**
(Date received local registrar) (Registrar's signature)

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. **4038 BROOKLYN AVENUE**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **21**ST
year **1948** hour **9** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **April 20**
1948, to **4-21**, 19**48**
that I last saw him alive on **April 20**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure** Duration **3 days**

Due to **arteriosclerotic cardio-vascular disease** 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **938**
Of operations _____

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 **1**

Signature **Herbert Shway** (M. D. or other) **M.D.**
Address **3903 Brooklyn** Date signed **4-21-48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

3903 Broadway Avenue
2-

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.