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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20060

State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two days (Specify whether

In this community 6 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 14

(d) Street No. 526 Ann Ave (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME CHARLES William Smith

3. (b) If veteran, name war

3. (c) Social Security No. 478 146 713

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Wife Imogene Smith

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased February (Month) 1 (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	4	12	hr. min.

9. Birthplace Green City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Charles O. Smith 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Emma Gillespie 0
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Imogene Smith

(b) Address 526 Ann Ave Kansas City, Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 1 (Day) 1948 (Year)

(c) Place: burial or cremation Wheeling Mo. Cem.

18. (a) Signature of funeral director [illegible]

(b) Address LaClede, Linn Co., Mo.

19. (a) 6-15-1948 (Date received local registrar) (b) Walter S. Erwin (Registrar's signature) 11 49

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day June year 48 hour 11 minute 350 M.

21. I hereby certify that I attended the deceased from June 1 10 1948, to Death 19 that I last saw him alive on June 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture 3rd cervical vertebrae	
Due to Car accident	
Due to	
Other conditions (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) accident 58

(b) Date of occurrence June 10 1948

(c) Where did injury occur? (City or town) Linn (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #5 outside LaClede Mo. (Specify type of place)

While at work? (e) Means of injury Car Accident

23. Signature Ralph W. Bohnsack (M. D. or other)

Address Brookfield Mo. Date signed 6/15/48

(Licensed Embalmer's Statement on Reverse Side) Rand Off Kansas City

NOV 22 1949

JUL 6 1948

DEC 13 1952

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 2876

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.