FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23261

Registration District No. 14

Primary Registration District No. ~~5569~~ 4237

Registrar's No. 311

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 64th & Woodson Rd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Raytown 2
(If outside city or town limits, write "RURAL")
(d) Street No. 64th & Woodson Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. HARRY S. SMITH
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June 28, 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Gardener
11. Industry or business
FATHER
12. Name Henry Smith
13. Birthplace unknown, England 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lloyd
15. Birthplace unknown, Ohio 1
(City, town, or county) (State or foreign country)
16. (a) Informant Clayton E. Smith
(b) Address 2015 Harvard, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) AUG 4 48 (Date received local registrar) (b) Mildred Garvin (Registrar's signature) 1 2 1 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Injury of Chest
Due to
Due to 16 4C
Other conditions
(Include pregnancy within 3 months of death)
Deputy Coroner
Major findings:
Of operations
Of autopsy History & Inspection

Duration

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) Suicide
(b) Date of occurrence 8/4/48
(c) Where did injury occur? Independence Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO (Specify type of place)
While at work? (e) Means of injury Gunshot
23. Signature A. E. Ussher M.D. 0
Address 2800 Main Date signed 8/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.