

S. No. 300
M-10-47
rv. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26612**
Registrar's No. **3021**

Registration District No. **149**

Primary Registration District No. **1007**

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:
816 Argyle Bldg.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.**
(Specify whether life years, months or days)

3: (a) PRINT FULL NAME **Richard J. Smith**
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **500-20-8092**

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Mrs. Olive Smith** 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **June 16 1877**
(Month) (Day) (Year)

8. AGE: Years **71** Months **1** Days **5** If less than one day hr. min.

9. Birthplace **Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business **X**

12. Name **Richard Smith**

13. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Mansfield**

15. Birthplace **Pennsylvania** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Genevieve Smith**
 (b) Address **Grandview, Missouri**

17. (a) Cremation (b) Date thereof **7-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**
 18. (a) Signature of funeral director **Stine & McClure**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 7-23-48 (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** 48
 (c) City or town **Grandview** 0
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rural R. #1, Box 187** 0
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No) 1
 If yes, name country **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **21**
 year **1948** hour **11:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **6-15**
7-21-48 to **7-21-48**, 19**48**
 that I last saw him alive on **7-21-48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration
chronic myocarditis
 Due to **coronary artery disease**
 Due to **chronic pleural sepsis**
 Other conditions **sepsis**
(Include pregnancy within 3 months of death)

Major findings: **932**
 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) **no**
 (b) Date of occurrence
 (c) Where did injury occur? **at home** (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
at home
23. Signature **Stine & McClure** (M. D. or other)
 Address **800 Argyle** Date signed **7-21-48**

Dr. Walter P. Miller
Argyle Bldg. Vi 9878

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. E. 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.