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

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40367

FILED DEC 29 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5150

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 3030 Holmes
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Smith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Alice Smith

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 1 (Day) 1865 (Year)

8. AGE: Years 83 | Months 11 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Blooming Grove (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Retired Brick Setter

11. Industry or business

FATHER
12. Name Louis Smith
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Holmes
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant R. Edward Smith
(b) Address 809 So. St. Andrews Place, L.A.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.

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

19. (a) 12-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 12 day 18
year 1948 hour 11 minute 18 A.M.

21. I hereby certify that I attended the deceased from 11-26-48, 19__, to 12-18-48, 19__;
that I last saw him alive on 12-18-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia with ventricular fibrillation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy not done

Duration

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)

(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? Wm. W. Hart (e) Means of injury

23. Signature Wm W. Hart (M. D. or other)

Address Med Dir General Hospital #1 Date signed 12-18-1948

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene L. Kennon, Registered Apprentice No. 217, working under my personal supervision.

Signed Alvin R. Hauenfeld

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.