

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8617**
1169
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON LY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			c. LENGTH OF STAY (in this place) 5	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			d. STREET ADDRESS (If rural, give location) 5331 Highland
d. FULL NAME OF HOSPITAL OR INSTITUTION 5331 Highland Little Sisters of				d. STREET ADDRESS (If rural, give location) 5331 Highland			
3. NAME OF DECEASED (Type or Print) a. (First) the Poor b. (Middle) c. (Last) GUY SMITH			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13, 1949				
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Nov. 19, 1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Des Moines, Iowa 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN SMITH		13b. MOTHER'S MAIDEN NAME ELENORA WICAL		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Emilie 5331 Highland					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Myocarditis 15 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221 Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 25 years	
19a. DATE OF OPERATION 2/2	19b. MAJOR FINDINGS OF OPERATION Sclerosis					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 19 49 , to Mar 13, 19 49 , that I last saw the deceased alive on Mar 13, 1949 , and that death occurred at 5:30 A m. , from the causes and on the date stated above.							
23a. SIGNATURE John T. Skinner (Degree or title) John T. Skinner M.D.				23b. ADDRESS 1102 Grand Ave		23c. DATE SIGNED 3/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/15/49	24c. NAME OF CEMETERY OR CREMATORY Saint Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 3-14-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Amber & Soin 20 West Linwood			

(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, ~~and by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard W. Farmer

Licensed Embalmer No.

4134

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.