

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12681

1338

BIRTH NO. 49-008040 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		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		483
d. FULL NAME OF HOSPITAL OR INSTITUTION 207E-Prospect APT. 11C			d. STREET ADDRESS (If rural, give location) 207E Prospect APT. 11C		

3. NAME OF DECEASED (Type or Print) a. (First) Charles E. b. (Middle) E. c. (Last) SMILEY			4. DATE OF DEATH (Month) (Day) (Year) 3-21-49		
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER	8. DATE OF BIRTH JAN 12, 1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours -	IF UNDER 2 HRS. Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life; stop if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Kenneth Smiley		13b. MOTHER'S MAIDEN NAME Margie Hoops		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dean M. Smiley		ADDRESS APT. 11C 207E Prospect	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure, Acute			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES (b) Etiology unknown				
	DUE TO (c)			1730	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Deputy Coroner			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. E. Upsher		(Degree or title) M.D.	23b. ADDRESS 22800 Main	23c. DATE SIGNED 3/21/49	
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE 3-23-49	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) / (State) KANSAS CITY, MO.		
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DATE REC'D BY LOCAL REG. 3-23-49	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Lela Davis 1513 TROOST		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *C. E. Davis*

Signed _____
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address 70. E. 10th

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.