FILED OCT 15 1949

No. 300
10.40

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30580

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4185

48
3
36

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3339 Benton R

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Seymour 112
d. STREET ADDRESS (If rural, give location) R. R. #2

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle)
c. (Last) Smiley

4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-17-1861
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Davenport Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Thomas Smiley
13b. MOTHER'S MAIDEN NAME Winifred Williams
14. NAME OF HUSBAND OR WIFE Mary Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Lillian M Smiley 3339 Benton ADDRESS KC MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	3 da
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Hypertension	15 yrs
DUE TO (c)	Cardio-vascular disease	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Padgets disease	6 yrs.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
443 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1949, *to* Sept 27, 1949; *that I last saw the deceased alive on* Sept 26, 1949, *and that death occurred at* 8:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Chester E. Lee M.D. (Degree or title) Chester E. Lee M.D.
23b. ADDRESS 411 Alameda Rd KC Mo
23c. DATE SIGNED 9-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-29-49
24c. NAME OF CEMETERY OR CREMATORY St Mary's
24d. LOCATION (City, town, or county) Springfield Greene Co (State) Mo

DATE REC'D BY LOCAL REG. 9-29-49
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL, DIRECTOR'S SIGNATURE Herbert Funeral Home ADDRESS

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed C M Joiner

Signed .....
Student Embalmer

Licensed Embalmer No. 3453.

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

By Wm A Lohmeyer
3089
Kansas City M