

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9017

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1143</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		<u>3/78</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2423 EAST 9TH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>2423 EAST 9TH STREET</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>BRADFORD</u>		c. (Last) <u>SMITH</u>	
4. DATE OF DEATH		(Month) <u>MAR</u>		(Day) <u>7</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT-19-1876</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 20 YRS CHIEF CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ARMOUR & COMPANY</u>		11. BIRTHPLACE (State or foreign country) <u>73 / SOMERVILLE MASSACHUSETTS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GILBERT SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUSTA HILTON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. HESTER E. SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>528-34-5279</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>MRS. HESTER E. SMITH 305 PENN AVE. MINNEAPOLIS LONG ISLAND</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 <u>490A</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. C. Koehler</u> (Degree or title) <u>Geo. C. Koehler, M.D., State Surgeon</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>3-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAR-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-11-50</u>		REGISTRAR'S SIGNATURE <u>L. H. Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. N. Newcomer 1331 BROWN CREEK KANSAS CITY MO.</u>			

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.

Student
Student Embalmer

Signed: *John E. Fraking*

Licensed Embalmer No. *4483*

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.