.S. No. 300
rv. 10.48

3

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

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33719

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4160

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): 48 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Auto 51 Terr. & Wornall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Jackson
b. COUNTY: Missouri
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 6241 McGee Street

283 8

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): BURWELL
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 23, 1897
9. AGE (In years last birthday): 53 — If under 1 year: Months ~~30~~ Days 6 — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construction
11. BIRTHPLACE (State or foreign country): Manistique, Michigan 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bert Smith
13b. MOTHER'S MAIDEN NAME: Adella C. Burwell
14. NAME OF HUSBAND OR WIFE: Lucille N. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 486-09-9689
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucille N. Smith
ADDRESS: Kansas City, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* One examination only on Sept. 29, 1950 *, 19__, to* _____ *, 19__, that I last saw the deceased alive on* Sept. 29, 1950 *, and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. P. Boughnou M.D. (Degree or title)
23b. ADDRESS: 315 Nichols Rd., K. C., Mo.
23c. DATE SIGNED: 9/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 10/2/50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State): Jackson County, Missouri

DATE REC'D BY LOCAL REG.: 10-2-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Roland R. Speaks
ADDRESS: Independence, Mo.

(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.

Student _____
Student Embalmer

Signed Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Providence, Ma.

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.