

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41834

State File No. 5548

FILED JAN 5 1952

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 Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 40 YRS		d. STREET ADDRESS (If rural, give location) 6032 E 15-3210	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6000 E 15			

3. NAME OF DECEASED a. (First) ANTHONY b. (Middle) J c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 12/21/51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 1886-9-24-1894	9. AGE AT DEATH 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Sid Street Motors	11. BIRTHPLACE (State or foreign country) Ill	
12. CITIZEN OF WHAT COUNTRY? U. S.				

13a. FATHER'S NAME John J. Smith	13b. MOTHER'S MAIDEN NAME Rose Wheeler	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-03-5213	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Harry S. Intel, 6032 E 15

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, asthma, etc. * means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
ANTECEDENT CAUSES Morbid 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.			
19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 <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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	23b. ADDRESS 1034 Piatt Blvd	23c. DATE SIGNED 12-22-51
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 12-26-51	24c. NAME OF CEMETERY OR CREMATORY St Marys
24d. LOCATION (City, town, or county) Kansas City, Mo		24e. (PHONE)
DATE REC'D BY LOCAL REG. 12-24-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John P. Shiel R.C.Mo

(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, or by _____
_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed John P. Steil

Licensed Embalmer No. 3623

P. O. Address X. C. Md

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 41834-51
Local Registrar's No. 5548

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of March, 1952, before me appears John P. Sheil,
who, upon his oath, states that the original record of ~~birth~~ ^{death}
for Anthony J. Smith, died 12/21/51, 19 , in the State of
Missouri, and which was filed at Kansas City Mo on 12/22/51, 19 , should be corrected as follows:

Item No. 8 should read 9/4/1886

Instead of 9/4/1884

Item No. 9 should read 65 yrs

Instead of 67 yrs

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John P. Sheil

none

Relationship.

The age at death was correctly given by the family of the deceased
the error in arriving at the year of birth 6606 Indep. Ave.,
was made in our office. Sheil Funeral Home Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 22nd day of March 1952, 19 .

Aug. 4, 1955

My Commission expires

Laurine B. Sheil Notary Public.