

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8418
State File No. 942

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

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|--|--|---|------------------------------------|
| 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) Kansas City | | c. LENGTH OF STAY (in this place) 12 yrs. | c. CITY OR TOWN Kansas City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS 2023 Benton Boulevard | | 2338 | |

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|---|------------|-------------|---------------------------|--------------------------------------|
| 3. NAME OF DECEASED (Type or Print) Charles | a. (First) | b. (Middle) | c. (Last) Smith | 4. DATE OF DEATH 2 20 1955 |
|---|------------|-------------|---------------------------|--------------------------------------|

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|-----------------------|----------------------------------|--|--|--|--|---|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan. 11, 1892 | 9. AGE (in years last birthday) 63 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter | 10b. KIND OF BUSINESS OR INDUSTRY Hotel | 11. BIRTHPLACE (City and State or Foreign Country) UNK. 9 | 12. CITIZEN OF WHAT COUNTRY? - |
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| 13a. FATHER'S NAME UNK. | 13b. MOTHER'S MAIDEN NAME UNK. | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Tannia White | ADDRESS 1012 Troost |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 45^{min} |
| | ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis with malnutrition. | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 2-13-55, 19 , to 2-20-55, 19 , that I last saw the deceased alive on 2-20-55, 19 , and that death occurred at 8:21 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Frank Ellis | (Degree or title) MD | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 2-21-55 |
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|--|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/5/55 | 24c. NAME OF CEMETERY OR CREMATORY Highland | 24d. LOCATION (City, town, or county) (State) K. S. Mo. |
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| DATE REC'D BY LOCAL REG. 3-2-55 | REGISTRAR'S SIGNATURE Neva Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Burham Jones | ADDRESS 1822 B... |
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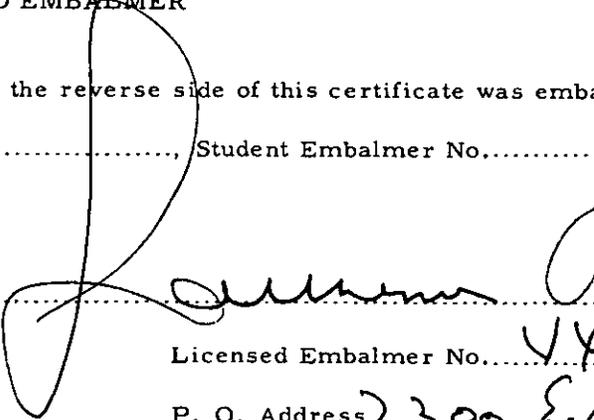
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 44

P. O. Address 2300 E. 8th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.