

DEC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20963
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1001
(c) City KC Mo (d) Street No. 1624 Garfield Registered No. 2413
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 3 30 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HENRY SMITH
(a) Residence, No. 1624 Garfield St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 31 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dish Washer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME Jeffrey Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Francis Little
(ADDRESS) 1624 Garfield

18. BURIAL, CREMATION, OR REMOVAL KC Mo
Blair Ridge Lawn DATE 6-15-38

19. FUNERAL DIRECTOR Flynn & Greenstreet
(ADDRESS) KC Mo

20. FILED June 15, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-38, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19_____ to _____, 19_____

I last saw him _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Ulcerative Pulmonary Tuberculosis
Date of onset 23

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Bacter Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify _____

(Signed) Fussell, M. D.

(Address) _____

STATEMENT BY LICENSED EMBALMER

I, Flynn + Greenstreet Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edie J. Evans

L.E. for Flynn + Greenstreet, Inc.

No. 3836 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed: J. G. Flynn

Licensed Embalmer No. 2211

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.)