

REC'D NOV 21 1938

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

34814  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4150  
(c) City Kansas City, Mo. (d) Street No. St Marys Hospital St.  
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

52 Samuel Smock  
(a) Residence, No. 121 S. Wheeling 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lena Smock  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1892  
7. AGE YEARS 46 MONTHS 0 DAYS 27 If LESS than 1 day, .....hrs. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman  
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R. Co.  
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) Kansas

FATHER 13. NAME Unknown

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 Mrs. Lena Smock  
(ADDRESS) 121 S. Wheeling, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. Indep. Mo. Oct. 21-38

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 10-24-38 M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1938, to Oct 22 1938  
I last saw him alive on Oct 21 1938. Death is said to have occurred on the date stated above, at A. M.  
The principal cause of death and related causes of importance were as follows:

Obstructed Abstruction (Date of onset Oct 16-38)  
(Peritonitis adhesions - post appendicitis)  
Peritonitis  
Pyelitic Ulcer 122 (P)

Other contributory causes of importance:

Paralytic  
Name of operation Laparotomy - Ford adhesion band Date of Oct 18-38  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. C. Causler 1, M. D.

(Address) George R. Berry  
126. 200

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**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**