

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

21220
Do not use this space.

JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Law Primary Registration District No. 1092

(c) City Kansas City (d) Street No. General Hospital Registered No. 2488

(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Smith

(a) Residence, No. 1575 Cherry Street 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1890-5-22

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

59 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer

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) Week 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 6

17. INFORMANT (ADDRESS) Lillie Smith 1575 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 6-19 1939

19. FUNERAL DIRECTOR (ADDRESS) Darrieh Blue 1536 Main St

20. FILED 6/19 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1939

22. I HEREBY CERTIFY that I attended deceased from 11:25 A.M. to 1940, 1939

I last saw deceased alive on 11:25 A.M. Death is said to have occurred on the date stated above, at 11:25 A.M.

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

Fracture of the skull Date of onset

Subdural cerebral hemorrhage

Pneumonia

Other contributory causes of importance: 1940

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide. Date of injury 6-15, 1939

Where did injury occur? K.P. Mo. (Specify city or town, county, and State)

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

Manner of injury Supposedly injured

Nature of injury in a fight

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

If so, specify _____

(Signed) Walter H. Hutter M. D.

(Address) Gen Hosp; K.P. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

90M-7-20-37 I X12004

Dr. Miller
Dr. Buehler, coroner

STATEMENT BY LICENSED EMBALMER

I, Hattie Daniels Parish, Licensed Embalmer No. 2391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Hattie Daniels Parish

Licensed Embalmer No. 2391

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.)