

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

31334
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township MAW Primary Registration District No. 1002 Registered No. 3432
 (c) or City KANSAS CITY (d) Street No. GENERAL 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

530 WILLIAM SMITH
 (a) Residence, No. 3024 BROOKLYN 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 ANNA SMITH

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

7. AGE YEARS 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
 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) RUSSIA 7

FATHER 13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) ANNA SMITH
3024 BROOKLYN

18. BURIAL, CREMATION, OR REMOVAL PLACE SHEFFIELD DATE SEPT. 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. LOUIS FUNERAL HOME
CITY

20. FILED 9-1-39 SMITH
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 31 1939

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

I last saw him live on Coroner, 19____. Death is said to have occurred on the date stated above, at 5:59 a.m.
 The principal cause of death and related causes of importance were as follows:

Central arteriosclerosis
Central pontine hemorrhage

Other contributory causes of importance: 820

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y

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? _____
 If so, specify _____
 (Signed) Doctor M. D.

(Address) 1919 1/2

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.

1 X16603

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.