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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42231

Registration District No. 399 JAN 1 1940 Primary Registration District No. 1002 Registrar's No. 4640

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Prov. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2402 East 16th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Raymond Lynn Smith 530

3. (b) If veteran, name war: No

3. (c) Social Security No.: 486-09-0438

4. Sex: Male

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Alberta Smith

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: May (Month) 6 (Day) 1900 (Year)

8. AGE: Years 39 | Months 6 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Blackwater (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation: Custodian O

11. Industry or business: O

FATHER
12. Name: Albert Smith
13. Birthplace: Booneville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mollie Taylor
15. Birthplace: Booneville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Alberta L. Smith
(b) Address: 2402 East 16th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-7-1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: Watkins Brothers
(b) Address: 1729 Lydia

19. (a) Dec. 6, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1939 hour ____ minute 7:04 P. M.

21. I hereby certify that I attended the deceased from Nov 28, 1939 to Dec 4, 1939 that I last saw him alive on Dec 4, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated peptic ulcer	
Due to: Generalized peritonitis,	
Due to: Subphrenic abscess	
Due to: Bilateral bronchial pneumonia	
Other conditions (Include pregnancy within 3 months of death): 117a	

Major findings:
Of operations: ruptured peptic ulcer
Of autopsy: Same as above

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD
Address: North Kan. City, Mo. Date signed 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Moore Adams, Registered Apprentice No. 178 working under my personal supervision.

Signed T B Hatkins.

Licensed Embalmer No. 2889

P. O. Address 7729 Lydia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.