

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
3610 Pennsylvania Avenue 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --  
(Specify whether  
In this community 22 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Harry B. Smith

8. (b) If veteran, name war None 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Florence T. Smith 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 3 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 11 15 hr. min.

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business

MOTHER FATHER { 12. Name David Harrison Smith  
13. Birthplace New Carlisle Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate Barnett  
15. Birthplace Vicksburg Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant David H. Smith  
(b) Address 3610 Penn St

17. (a) Removal (b) Date thereof Feb. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 20, 1940 (b) Mo. M. Crewe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3610 Pennsylvania Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 of Feb. year 1940 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 18, 1940, to Feb 18, 1940 that I last saw him alive on Feb 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis with Atherosclerosis

Due to Chronic Myocardial infarction  
Due to Emphysema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Evans (M. D. or other)  
Address 477 Waldheim Bldg Date signed 2/18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Harry  
B.  
Smith

**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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

**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.**