No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13735

Primary Registration District No. 1002

Registrar's No. 1447

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 25 Yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3930 South Benton.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony J. SMITH. 530

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

3. (c) Social Security No. 486-10-6167

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah C. Smith

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February (Month) 27th, (Day) 1890 (Year)

8. AGE: Years 50 Months 1 Days 4 If less than one day hr. min.

9. Birthplace St Anne (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Riddle lighting fitment Co

FATHER
12. Name Anthony Smith
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Doyle
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah C. Smith
(b) Address 3930 South Benton.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Hellody-McGilley.
(b) Address K. C. Mo.

19. (a) April 2, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 31 day 31 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Mar 20-40, 19, to Mar 31, 1940, that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Bilateral hydronephrosis	
Due to Bilateral abscess of kidney	
Other conditions Bilateral renal ureteral calculi (Include pregnancy within 3 months of death)	
Major findings: Of operations Left nephrotomy 8 days prior	
Of autopsy Bilateral kidney abscess bilateral renal & ureteral calculi	

134

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) no
(b) Date of occurrence no
(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 Clarence D. Capell (M. D. or other)
Address 1137 Baltz Bldg Date signed April 1-40

(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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 2999

P. O. Address _____

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

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