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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

JUL 15 1940

State File No. 20720

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2337

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: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo & 24 days (Specify whether In this community 25 Years years, months or days)

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. 823 N.Prospect (If rural, give location)

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

3. (a) PRINT FULL NAME W.A. Smith (William Arthur Smith)

3. (b) If veteran, name war No

3. (c) Social Security No. 707-12-7278

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bernie A. Smith

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 24 (Day) 1884 (Year)

8. AGE: Years 55 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired CM&Stpry Company

11. Industry or business Mechanist

FATHER
12. Name ~~No Record~~ Andrew J. Smith
13. Birthplace No Record (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name ~~No Record~~ Flora Lovell
15. Birthplace No Record (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margaret Sager

(b) Address 823 North Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8,1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem, St. Joseph, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) June 7, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 13th, 1940, to June 6th 1940, 19 ; that I last saw him alive on June 6th, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung-not confirmed by autopsy

Due to 47

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

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 [signature] (M. D. or other)

Address Supt.K.C.Gen.Hospital Date signed

(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 Ronald A. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

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.