

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
15th. and Blue Ridge  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Champ C. Smith

8. (b) If veteran, name war World War 3. (c) Social Security No. 499-16-3034

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

6. (b) Name of husband or wife Minnie Hill Smith 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased. January 28 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 8 If less than one day br. min.

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

10. Usual occupation Oil Station Operator

11. Industry or business Filling Station

12. Name John Harvey Smith

13. Birthplace Pallet Lawn Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Luasia Moore

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

16. (a) Informant Mrs. Champ C. Smith

(b) Address 8711 Wilson Road

17. (a) Burial (b) Date thereof Oct. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C.Mo.

19. (a) Oct. 7, 40 (b) H. L. Cook mo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Mt. Washington District  
(If outside city or town limit write "RURAL")  
 (d) Street No. 8711 Wilson Road  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? XXXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-6-40 day 10-6-40 year 1940 hour 1:45 minute A.M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy of Arteries & Heart

Due to Crushing Injury of Chest

Other conditions Automobile Accidents

(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) Accident

(b) Date of occurrence 10-6-40

(c) Where did injury occur? Jackson mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
360th mo (Specify type of place) Coll.

While at work? (e) Means of injury Collision of 2 Cars

23. Signature Russell (M. D. or other) 5

Address 360th mo Date signed 5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*myself*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. P. Hall*.....  
Licensed Embalmer No. *3625*.....

P. O. Address *D. 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.**