No. 2
-13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38462

Registration District No. 197 | Primary Registration District No. 4118 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Birmingham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Birmingham, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Ulysses Grant Smith
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Olena Smith
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Nov. 18, 1866 (Month) (Day) (Year)
8. AGE: Years 74 | Months 0 | Days 11 | If less than one day hr. min.
9. Birthplace: Olathe Kansas ~~Missouri~~ (City, town, or county) (State or foreign country)
10. Usual occupation: Railway signal work
11. Industry or business: C. B. & Q. R. R.
MOTHER FATHER
12. Name: George Smith
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Sadie McAllister
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Olena Smith
(b) Address: Birmingham, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo.
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: North Kansas City, Mo.
19. (a) 11-29-40 (Date received local registrar) (b) John S. Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 29 year: 1940 hour: minute: M.
21. I hereby certify that I attended the deceased from July 8, 1940 to Nov 29 1940 that I last saw him alive on Nov 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration
Due to: Heart-involvement
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

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: J. Wallbrant (M. D. or other)
Address: 12 W Broadway Mo. Date signed: Nov 29-40

(Licensed Embalmer's Statement on Reverse Side)

Dr.
J.W. Addition
Life Bank Bldg.
Vi 8868
Mr. Wm. Hill
12th Body
3243 Penn
Lo. 0779

OCT 30 1946

OCT 30 1946

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-18-40

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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.