

No. 2
-12-40
17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1399
State File No. 359
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 4412 Penn /
(d) Length of stay: In hospital or institution 46 years
In this community 46 years

3. (a) PRINT FULL NAME Samuel V. 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 Clara J. Smith
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased February 14, 1855

8. AGE: Years 85 Months 11 Days 9

9. Birthplace England 4

10. Usual occupation Retired Grain Miller

11. Industry or business
12. Name Don't know
13. Birthplace England 4
14. Maiden name Don't know
15. Birthplace England 11

16. (a) Informant Clara J. Smith
(b) Address 4412 Penn

17. (a) Cremation (b) Date thereof 1-25-41
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) Jan 24 1941 (b) In M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(d) Street No. 4412 Penn
(e) If foreign born, how long in U. S. A. 71 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 19
1941 to Jan 27 1941
that I last saw him alive on Jan 27
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation
(See cert.)

Due to Chronic Myocarditis

Due to Chronic Nictal in Compensatory

Other conditions Atherosclerosis

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of poison)
(c) Means of injury

23. Signature J. D. Quirell (M. D. or other)
Address 636 W. 36th St Date signed 1-23-41

Duration
Underline the cause to which death should be charged statistically.

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

11:00 to 12:00
A. J. ...

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

Clarence W. Childs

Licensed Embalmer No.

3473

P. O. Address

76 E 760

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, fact should be so stated above.