

FILED MAR 9 1942  
Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **596**

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kan  
(c) Name of hospital or institution: 5702 Louest St.  
(d) Length of stay: In hospital or institution 3 years  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kan City  
(d) Street No. 5702 Louest St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Henry A. Smith  
(b) If veteran. No (c) Social Security name war No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 10 year 42 hour 9 minute 14 M.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Maggie Smith 6. (c) Age of husband or wife if alive 75-1866 years

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

8. AGE: Years 75 Months 10 Days 15 If less than one day hr. min.

Immediate cause of death Coronary Thrombosis  
Due to Coronary Arteriosclerosis  
Due to

9. Birthplace Missouri

Other conditions 9315  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Stockman

12. Name Andrew Smith

13. Birthplace Tenn

14. Maiden name Aboud

15. Birthplace Tenn

16. (a) Informant Mrs Ella Creef

(b) Address 5702 Louest

17. (a) Removal (b) Date thereof 7/11/42

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director Bergman

(b) Address 4306 Mill Creek

19. (a) 2/10/42 (b) M. M. Brown

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 place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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**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.....

*Harry Bergman*  
204

Licensed Embalmer No.....

P. O. Address.....  
*Kan City 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, fact should be so stated above.**