

S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13550
Registrar's No. 1790

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4107 Bell
(d) Length of stay: In hospital or institution None
In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4107 Bell
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Charles Edward Smith
(b) If veteran, name war. None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
(b) Name of husband or wife Ida M. Smith (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 21, 1870

8. AGE: Years 72 Months 1 Days 14 If less than one day 13 hr. min.

9. Birthplace No Record Penn.

10. Usual occupation Retired Mail Carrier

11. Industry or business U. S. Mail

12. Name Fred Smith

13. Birthplace No Record Germany

14. Maiden name Baird

15. Birthplace No Record Penn

16. (a) Informant Mrs. Ida M. Smith
(b) Address 4107 Bell

17. (a) Burial (b) Date thereof May 7 1942
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director State Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) S-6-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 7 minute P M.
21. I hereby certify that I attended the deceased from May 4 1942 to May 4 1942
that I last saw him alive on May 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to symptoms of angina pectoris

Due to gta

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

Major findings:
Of operations No
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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?

While at work? (Specify type of place) (e) Means of injury D
23. Signature P. M. Nanni (M. D. or other)
Address 524 2nd Blvd Date signed 5-6-42

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

0222 524 SW 13148

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..... W. S. Ward.....

Licensed Embalmer No. 3991.....

P. O. Address 309 E 67 St. P. 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.