

S. No. 2
M-9-4-41
v. 5-17-39
X29484

23607

State File No.

Registrar's No. **3001**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG. 1 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:

(a) County... **Jackson**

(b) City or town... **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2629 Quincy /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **26 Years** (Specify whether years, months or days)

In this community... **26 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town... **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No... **2629 Quincy**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country... **0**

3. (a) PRINT FULL NAME... **JOHN WILLIAM SMITH**

3. (b) If veteran, name war... **No**

3. (c) Social Security No. **486-07-8578**

4. Sex... **Male**

5. Color or race... **White**

6. (a) Single, widowed, married, divorced... **Married**

6. (b) Name of husband or wife... **Elizabeth D.**

6. (c) Age of husband or wife if alive... **53** years

7. Birth date of deceased... **Feb. 14, 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	5	23	23 hr. min.

9. Birthplace... **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Mechanic**

11. Industry or business... **Gordon Bros. Mfg. Co.**

12. Name... **John W. Smith**

13. Birthplace... **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name... **Margaret Fleming**

15. Birthplace... **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Elizabeth D. Smith**

(b) Address... **2629 Quincy**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof... **8/10/42**
(Month) (Day) (Year)

(c) Place: burial or cremation... **Mt. Moriah**

18. (a) Signature of funeral director... **G. H. Blackman & Son, Inc.**

(b) Address... **Kansas City Missouri**

19. (a) **8-9-42** (Date received local registrar)

(b) **M. M. Browne** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **80** day **7** year **42** hour **40** minute **45 P** M.

21. I hereby certify that I attended the deceased from **9/10/42** to **9/10/42** that I last saw him **alive** on **9/10/42** and that death occurred on the date and hour stated above.

Immediate cause of death... **Chronic Hypertension**

Due to... **9/10/42**

Other conditions... **9/10/42**
(Include pregnancy within 3 months of death)

Major findings: Of operations... **The above**

Of autopsy... **The above**

Duration

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?.....

23. Signature... **[Signature]** (Specify type of place) (e) Means of injury... **8/10/42**
Address... **[Address]** Date signed... **8/10/42**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.