

FILED SEP 3 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3121

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 min**
(Specify whether
In this community **40 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Missouri.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4102 Paseo Blvd.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Melvin G. Smith.**

3. (b) If veteran, name war **World War. #1.** 3. (c) Social Security No. **499-07-3515**

4. Sex **M** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Sarah Smith.** 6. (c) Age of husband or wife if alive **24th. 1895** years

7. Birth date of deceased (Month) **Feb.** (Day) **24th.** (Year) **1895**

8. AGE: Years **47** Months **5** Days **23** If less than one day hr. min.

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

10. Usual occupation **Electrician.**

11. Industry or business

12. Name **Wm. T. Smith.**

13. Birthplace **Dallas Co. Missouri.** (City, town, or county) (State or foreign country)

14. Maiden name **Lida Johann**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Wm. T. Smith**

(b) Address **2712 E. 18th.**

17. (a) **Burial** (b) Date thereof **Aug. 21-42** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Belton Missouri.**

18. (a) Signature of funeral director **Eylar Funeral Home.**

(b) Address **1800 Linnwood Blvd.**

19. (a) **8-19-42** (b) **M. M. Orsme** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **18** year **42** hour **7** minute **a** M.

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

Immediate cause of death **acute coronary thrombosis**

Due to
Due to **g4ca**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **see 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?

While at **Belton** (Specify type of place) Means of injury **3**

23. Signature **K. C. Mo.** (M. D. or other)

Address **K. C. Mo.** Date signed **8/18/42**

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

MOTHER FATHER

John

C

361

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 Chas. Willis
Licensed Embalmer No. 2644
P. O. Address 1800 Lenwood

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.