

S. No. 2
OM-5-42
ev. 5-17-39
X32873

39963

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4983

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1244 - Harrison 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-year (Specify whether years, months or days)

In this community 1-year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kan City
(If outside city or town limits, write "RURAL")

(d) Street No. 1244 - Harrison
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Smith

3. (b) If veteran name was World War - 1 # 4

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour 8 minute 50 P.M.

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased No record
(Month) (Day) (Year)

Immediate cause of death Arterio sclerotic heart disease Duration.....

Due to..... 93/15

Due to.....

8. AGE: Years about 54 Months Days If less than one day hr. min.

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

Major findings: Of operations.....

Of autopsy Inspection & testing

9. Birthplace Wise 1
(City, town, or county) (State or foreign country)

10. Usual occupation Sign Painter

11. Industry or business.....

12. Name Ward Smith

13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Coroner's office

(b) Address Kan City Mo.

17. (a) Burial (b) Date thereof 1-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Chyman etc

(b) Address 700 Mo.

19. (a) 12-31-42 (b) Dr. M. Crowe
(Date received local registrar) (Registrar's signature)

White at work (Specify type of place) (c) Means of injury.....

23. Signature OKlah 3 (M. D. or other)

Address R.C. Mo. Date signed 1/21/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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..... *H. Bergman*.....
Licensed Embalmer No. *7041*.....
P. O. Address..... *H. Bergman*.....

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.