

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39966

State File No. _____

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4756

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:
3239 McGee /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3239 McGee
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Quincy Smither
 3. (b) If veteran, name war no
 3. (c) Social Security No. No

4. Sex male 5. Color or race wh.
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Margaret Smither
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Nov. 7 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 10
If less than one day hr. _____ min.

9. Birthplace New Market Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painting contractor

11. Industry or business retired

12. Name B. H. Smither

13. Birthplace Platte Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lady Throckmorton

15. Birthplace Paris Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Smither

(b) Address 3239 McGee

17. (a) Burial (b) Date thereof Dec. 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Mo.

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

(b) Address 1800 Linwood K.C. Mo.

19. (a) 12/20/42 (b) M. M. Osborn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
 year 1942 hour 5 minutes 30 a.m.

21. I hereby certify that I attended the deceased from Dec 6, 1942, to Dec 17, 1942, that I last saw him alive on Dec 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary thrombosis with myocardial infarction
arterio-sclerosis + the myocardium
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93 D

Duration 11 days
years

Major findings: Of operations None
 Of autopsy None
 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 work? _____
(Specify type of place) (e) Means of injury.

23. Signature V. Dell (M. D. or other) _____
 Address 1132 Poplar St. St. Louis Date signed Dec 17/42

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

Mr. J. V. Hall Prof. Alder

V. 4238

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 Wilks*.....
Licensed Embalmer No. *2644*
P. O. Address..... *1800 Pinewood*.....

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.