

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

837

BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
On Street in front of 4223 Locust St. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 6 years
years, months or days)

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. 4201 Locust St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jerome Smidt (Jerry Smith)3. (b) If veteran, name war World War I 3. (c) Social Security No. 341-07-13114. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Georgia Barton Smidt 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased February 25 1895
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 11 20 hr. min.9. Birthplace Chicago Ill. 1
(City, town, or county) (State or foreign country)10. Usual occupation Clothing Salesman

11. Industry or business

12. Name Joseph Smidt13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)16. (a) Informant Georgia Barton Smidt(b) Address 4201 Locust St.17. (a) Cremation (b) Date thereof 2-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood Cemetery18. (a) Signature of funeral director Freeman Mortuary(b) Address Kansas City, Mo.19. (a) 2-17-43 (b) M. M. Corone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 - day 15
 year 1943 hour..... minute..... M.21. I hereby certify that I attended the deceased from..... to..... 19.....
 that I last saw him Deputy Coroner..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Sclerosis with
myocardial fibrosis

Due to.....

Due to.....
hyperkinesia of heartOther conditions.....
(Include pregnancy within 3 months of death)Major findings:
 Of operations.....Of autopsy.....
See above

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 W. E. Fisher (M. D. or other)
23rd May Date signed 2/16/43

MAR 5 1943

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 Clarence W. Chiles
Licensed Embalmer No. 3473
P. O. Address 76 E 7760

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.