

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED JUN 7 1949

Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J. P. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1523 Lister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Arnold Smith

3. (b) If veteran, name war no.

3. (c) Social Security No. 515-05-4452

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Linne Smith

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

7. Birth date of deceased May 12, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 13 If less than one day
hr. _____ min.

9. Birthplace Holt, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Justin Bacon mfg. Co.

11. Industry or business Pad Drummer

12. Name Henry Smith

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

14. Maiden name Hilda Rasch

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

16. (a) Informant Mrs. Linne Smith

(b) Address 1523 Lister

17. (a) Burial (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Muscotah, Kansas

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn

19. (a) May 25 1943 (b) Dr. W. H. Browne
(Date received local registrar) (Registrar's signature)

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. 1523 Lister
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25th
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-25
1943 to now, 19____

that I last saw him alive on 5-25-43, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 3 1/2 hrs

Due to _____

Due to _____

Other conditions Hypertensive Cardia -
(Include pregnancy within 3 months of death)

base disease.

Major findings: Of operations _____

Of autopsy _____

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 Robert M. Myers M.D.
Address 1025 DuBois Bldg Date signed 5-25-43

Rueckle B.
Vol. 4951
Per. ~~1072~~ 1884
322 W-4724

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.