

27476

V. S. No. 2
100M-2-41
Re 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3540

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

FILED AUG 27 1949 149
Registration District No. _____

Primary Registration District No. 1002

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:
2028 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community over 30 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 2028 Woodland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased June 5, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 5 _____ hr. _____ min.

9. Birthplace White Oak, South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Mail Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Smith

(b) Address 2028 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/43
(Month) (Day) (Year)

(c) Place of burial or cremation Highland

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia Ave.

19. (a) 8-16-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 10 day Tuesday
year 1943 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Missouri
10 - 1943 to Aug 10 1943
that I last saw him alive on Aug 9 1943
and that death occurred on the date and hour stated above

Immediate cause of death Acute Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____
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) no

(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 J. E. Brown (If D. of other) _____

Address 1729 Lydia Ave. Date signed 8/17/43

SEP 17 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.....

Jerome Membre

Licensed Embalmer No. *3994*

P. O. Address. *7503 Highland*

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.