No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10130

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1255

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:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hr. 40 min (Specify whether
In this community ~~4hrs. 40 min.~~ 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4345 Harrison
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Harold Smedal

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Suzan Smedal

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb (Month) 10 (Day) 1892 (Year)

8. AGE: Years 52 Months 1 Days 9 If less than one day ___ hr. ___ min.

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

10. Usual occupation Fiscal investigator

11. Industry or business K.C. Water Dept.

FATHER
12. Name Rev. Gottfried Smedal
13. Birthplace Oslo, Norway (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Agnes Stoaker
15. Birthplace Bergen, Norway (City, town, or county) 4 (State or foreign country)

16. (a) Informant Suzan Smedal
(b) Address 4345 Harrison

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3 (Month) 22 (Day) 44 (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 3-20-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Pathologist, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Confluent bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy As above	

107

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. O. Sumner 0 (M. D. or other)
By Orpine Sherwood, M.D. Date signed
Pathologist, St. Joseph Hospital K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.