

S. No. 2  
M-8-43  
7. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **40273**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5012**

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

**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:  
4440 St. John /  
(If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 53 years  
years, months or days)

3. (a) PRINT FULL NAME JOHN L. SMITH

3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 10, 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Machinist

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Not Known  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Not Known  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond F. Smith

(b) Address 4440 St John

17. (a) Burial (b) Date thereof 12-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Zwick & Fahren

(b) Address 20 W. Linwood

19. (a) 12-5-45 (b) Gertrudine Holman  
(Date received local registrar) (Registrar's signature)

**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")  
 (d) Street No. 4440 St. John **8**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 2  
 year 1945 hour 11 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 15  
40, 19\_\_\_\_, to Dec 2, 1945

that I last saw him alive on Dec 2, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
 Duration 10 yr  
 Due to hypertension 10 yr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **92 15**

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 R. T. St. Clair (M. D. or \_\_\_\_\_)

Address 5242 St. John Date signed 12-4-45

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..... *Charles M Quirk* .....

Licensed Embalmer No..... *3774* .....

P. O. Address..... *K.C. Mo.* .....

**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.**