No. 2
1—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9686

FILED APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1493

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's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community 18 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 43rd & Blue Ridge, Rt 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED ELMO SMITH

3. (b) If veteran, name war World War 11

3. (c) Social Security No. 490-09-5454

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Kathryn Smith

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August (Month) 8th (Day) 1910 (Year)

8. AGE: Years 35 Months 7 Days ~~27~~ ~~18~~ 19 If less than one day hr. min.

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

10. Usual occupation Personal Director

11. Industry or business Air Technical Service Command

FATHER
12. Name Fred E. Smith
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Carolyn C. Peerry
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Katheryn Smith
(b) Address Rt 3 43rd & Blue Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 29/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street

19. (a) 3-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 16 - 1946 to March 27 - 46 19 ; that I last saw him alive on on March 27 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenal ulcer

Due to Generalized Peritonitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above -
Of autopsy 117 lb

Duration

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

23. Signature Vincent T. Williams (M. D. or other)
Address 836 Argyle Bldg Date signed March 28

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE BLACK INK—MAKE A PERMANENT RECORD

JAN 31 1947

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. 2939

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.