

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37183
Registrar's No. 4912

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: TURNER CONV. HOME 1809 MYRTLE AVE
(d) Length of stay: 12 YEARS
In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 3501 PASEO
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRANK MEDLESS SMITH
(b) If veteran, name war No
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife MRS MARGARET SMITH
(c) Age of husband or wife if alive 7-1854 years

7. Birth date of deceased: MAY 7-1854
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 13
If less than one day hr. min.

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

10. Usual occupation RETIRED - 17 YEARS OPERATOR
11. Industry or business MACHINE REPAIR SHOP

12. Name GEORGE WASHINGTON SMITH
13. Birthplace EAST ORANGE NEW JERSEY
14. Maiden name SARAH ANN TAYLOR
15. Birthplace EAST ORANGE NEW JERSEY

16. (a) Informant Miss Ethel Smith
(b) Address 3501 The Paseo K.C. Mo.

17. (a) BURIAL (b) Date thereof NOV. 22 1946
(c) Place: burial or cremation MT. WASHINGTON EM.

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Pl.

19. (a) 11-23-46 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 20th
year 1946 hour 5 minute 25 P M.
21. I hereby certify that I attended the deceased from about
Nov 20, 1946 to Nov 20, 1946
that I last saw him alive on Nov 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic Nephritis
Due to Chronic Nephritis
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

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? _____
(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. H. Hammond (M. D. or other)
Address 1000 Ryker Date signed 11/21/46

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

MOTHER FATHER

Handwritten signature/initials on the right margin.

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 *William P. Beary*
Licensed Embalmer No. *4402*
P. O. Address *Kansas City, 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.