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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. **5076**  
Registrar's No. **821**

FILED MAR 3 1947

Registration District No. **199**

Primary Registration District No. **1002**

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: **General Hospital # 10**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days** (Specify whether  
In this community **Unknown** years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **548 Main** (If rural, give location)  
(e) Citizen of foreign country? **Unknown** (Yes or No)  
If yes, name country

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

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **9 unknown**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 18 1891**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **2** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **None**

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

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Record Clerk**  
(b) Address **K.C. General Hosp.**

17. (a) **Burial** (b) Date thereof **2-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary: K.C. Kan.**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Mo.**

19. (a) **2-22-47** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**  
year **1947** hour **2** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Feb. 12** 19**47** to **Feb. 20** 19**47**  
that I last saw him alive on **February 20** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral for a. lateral Caseous DC C.V.D.T.B.**

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

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

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

Major findings: **138**  
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? \_\_\_\_\_  
(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 **D**

23. Signature **Wm W. Hart** (M. D. or other) **Med**

Address **Med Dir. Gen'l Hosp #** Date signed **2-20-47**

Duration  
PHYSICIAN  
—Underline the cause to which death should be charged statistically.

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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.....

*Blaine E. Weisert*

Licensed Embalmer No.....

*4075*

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.**