

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9406
1420

State File No. _____
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

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 No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 30 YEARS
years, months or days

3. (a) PRINT FULL NAME John W. Smith
3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-8915

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. SALLY SMITH 6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY 6 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 18 If less than one day
hr. min.

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

10. Usual occupation LABORER

11. Industry or business BENSON MANUFACTURING CO.

12. Name ROBERT SMITH

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

14. Maiden name SUE CAMERON

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

16. (a) Informant Robert W. Smith
(b) Address 2720 Prospect R.C. mo.

17. (a) BURIAL (b) Date thereof MARCH 26 1947
(Burial, cremation, or removal) (Year)

(c) Place: burial or cremation WOODLAND CEMETERY HIGHWAY BETWEEN LIBERTY & EXCELSTAR SPAINES

18. (a) Signature of funeral director D. W. Newcomer
(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-26-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2503 Bellerontaine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from
March 22 47 to March 24 47
that I last saw him alive on March 24
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoblastoma malignum (Hodgkins disease)
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 44

Major findings: Of operations _____
Of autopsy See above
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? _____ (c) Means of injury _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-24-47

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

MOTHER FATHER

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas City 3, 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.