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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24513
Registrar's No. 133

Registration District No. 15
Primary Registration District No. 7572

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Rural Prairie Twp
(c) Name of hospital or institution:
3/4 mi N. of Greenwood Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community 43 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Rural Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 mi N. of Greenwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas A. Smith
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug 5 day year 1947 hour 5 minute 11 PM

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Amanda Smith
7. Birth date of deceased Jan 7 - 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20, 1947, to August 5, 1947, that I last saw her alive on Aug 5, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 6 Days 28
If less than one day hr. min.

Immediate cause of death: Carcinoma of mouth, squamous cell carcinoma with metastasis to stomach, intestines and urinary bladder. Duration 6 months

9. Birthplace Cass County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Other conditions: (Include pregnancy within 3 months of death) H/C

MOTHER, FATHER
11. Industry or business
12. Name Daniel Smith
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Fannie A. Collins
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy

16. (a) Informant Mrs James Parker
(b) Address Lees Summit Mo
17. (a) Burial (burial, cremation, or removal) Lees Summit Mo
(b) Date thereof 8-7-47
(Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo

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?

18. (a) Signature of funeral director H B Langford
(b) Address Lees Summit Mo
19. (a) Aug 6 1947 (Date received local registrar)
(b) Donald C. Carls (Registrar's signature)

23. Signature Clint A. Miller (M. D. or other) M.D.
Address Lees Summit Mo Date signed 8-6-47

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

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 *W. F. Langford*

Licensed Embalmer No. 3835

P. O. Address *Leis, Missouri*

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.