

V. S. No. 2  
DOM-8-43  
ev. 5-17-39  
X37823

34800

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 15 1947

Registration District No. 152

Primary Registration District No. 5572

Registrar's No. 181

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Emg. Hospital  
(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 30 years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Greenwood Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/4 mi. W. of Greenwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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

20. DATE OF DEATH: Month October day 27<sup>th</sup>  
year 1947 hour 9 minute 35 a.m.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced 2  
(b) Name of husband or wife - P - 6. (c) Age of husband or wife if  
alive 23 years (Day) (Year) 1865

21. I hereby certify that I attended the deceased from 10-19-47, 19\_\_\_\_, to 10-27-47, 19\_\_\_\_;  
that I last saw him alive on 10-27-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased November 23<sup>rd</sup> 1865  
(Month) (Day) (Year)

Immediate cause of death uremia  
Duration 10 days

8. AGE: Years 81 Months 11 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Cardiorenal disease  
Due to renal

9. Birthplace Coxington Ohio  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: IA

10. Usual occupation Retired Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson County Home Records  
(b) Address R#4 Independence, Mo.  
17. (a) Burial (b) Date thereof 10-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood, Mo.  
18. (a) Signature of funeral director W B Langstaff  
(b) Address Lee's Summit, Mo.  
19. (a) 10-29-47 (b) Donald C. Eason  
(Date received local registrar) (Registrar's signature) 370

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 \_\_\_\_\_  
23. Signature Frank E. Wahne (City or town) (County) (State)  
Address Independence, Mo. Date signed 9/28/47

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

48  
0  
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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 *N.B. Langsford*.....

Licensed Embalmer No. *3833*.....

P. O. Address *Leis Summit Rd*.....

**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.**