. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1334

State File No.

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 127

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2316 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2316 Tracy 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Columbus Smith
3. (b) If veteran, name war No
3. (c) Social Security No. 521-10-3713
4. Sex M 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Mar. 1
6. (b) Name of husband or wife Anna Alice Smith
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec (Month) 18 (Day) 1881 (Year)

8. AGE: Years 66 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Pressman
11. Industry or business Chase Bag Co. 200 Delaware
FATHER
12. Name Abe Smith
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Bell Ferguson
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Anna Alice Smith
(b) Address 2316 Tracy
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 1-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1948 hour 1 minute 45A M.
21. I hereby certify that I attended the deceased from Oct. 10, 1946, to Jan 6, 1948;
that I last saw him alive on Jan 4, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 hrs.
Due to Myocarditis	8 mos
Due to Diabetes mellitus	3 yrs.
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 61	
Of autopsy —	

PHYSICIAN
Underline the cause of 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? (e) Means of injury 0
23. Signature Ottohar Hofmann (M. D. ~~or other~~)
Address 900 Rialto Bldg K.C. Mo Date signed 1-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.