

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22590

FILED AUG 16 1948 /  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4128

Registrar's No. 102

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri City between Kansas City  
(If not in hospital or institution, write street number or location) Kennett  
(d) Length of stay: In hospital or institution on 2 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 2213 Washell  
(If rural, give location):  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IRENE MARIE SMITH  
3. (b) If veteran, name war no  
3. (c) Social Security No. not known

20. DATE OF DEATH: Month July day 30  
year 1948 hour 5:00 minute 0 P.M.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Chas L Smith  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased: June 22 1907  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death drowning Duration \_\_\_\_\_  
covered

8. AGE: Years 44 Months 1 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Kansas City Kans  
(City, town, or county) (State or foreign country)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

10. Usual occupation House wife

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

MOTHER FATHER  
12. Name Erinnett Carr  
13. Birthplace Edwardsville Kans  
(City, town, or county) (State or foreign country)  
14. Maiden name Grace Schman  
15. Birthplace Bonner Springs Kans  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles L Smith

(b) Address 2213 Washell KC Kansas

17. (a) Remove (b) Date thereof 8-2-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay City Kansas

18. (a) Signature of funeral director Hope Funeral Home  
(b) Address Ep Springs Mo

19. (a) Aug 2 1948 (b) Caroline Butcher  
(Date recorded local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) drowning  
(b) Date of occurrence found 7-30-48  
(c) Where did injury occur? Mo River Clay Co, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mo River Clay Co, Mo  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury owner  
Signature P. W. Tracher (M. D. or other) \_\_\_\_\_  
Address Ep Springs Mo Date signed 8-2-48

RECEIVED  
District Health Officer No. 8,

District File Number

Date Filed

8-14-48

JUL 21 1948

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

*Not Embalmer.*

*not*

, Registered Apprentice No.

working under my personal supervision.

Signed *James A. Moles*

Licensed Embalmer No. *3296*

P. O. Address *Ex Springs 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. aug

Registration District No. 71

Primary Registration District No. 4128

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Irene M. Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 41 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Found floater

(b) Date of occurrence found 7-30-48

(c) Where did injury occur? Found in the River  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Found in the River at Mo. City, Mo.

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Rev. Peacher (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

MOTHER FATHER

found in the river

S-22590