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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30056

FILED SEP 17 1948

Registration District No. 6

Primary Registration District No. 3026

Registrar's No. 264

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hrs & 40 min. (Specify whether years, months or days)
In this community: 5 hrs. and 40 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence, Missouri 4
(If outside city or town limits, write "RURAL")
(d) Street No. 3100 South Noland 4
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harold Kenneth Smith
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 2 (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	5 hr. 40 min.

9. Birthplace: Independence (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Child
11. Industry or business: None
FATHER
12. Name: William Gordon Smith
13. Birthplace: Independence, (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name: Bessie Alice Whitehead
15. Birthplace: Marysville, (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: William Gordon Smith
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: 101 N. Pleasant St. Independence, Missouri
19. (a) 9-4-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 2
year: 1948 hour: 3 minute: 40 P.M.
21. I hereby certify that I attended the deceased from: Sept 2, 1948, to: Sept 2, 1948
that I last saw him alive on: Sept 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure	
Due to: Atelectasis	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: 161A	

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: Harold V. Woods M.D. (M. D. or other)
Address: Lindsay, Mo. Date signed: Sept 3-1948

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 R. H. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.