

FILED MAR 2 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 5260

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. LENGTH OF STAY (In this place) <b>9 Hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Co. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1109 South Park</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM SILAS SMITH</b>			a. (First) <b>WILLIAM</b> b. (Middle) <b>SILAS</b> c. (Last) <b>SMITH</b>			4. DATE OF DEATH <b>Feb. 10, 1949</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 17, 1886</b>	
9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Service Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Service Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Davis County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>American</b>
13a. FATHER'S NAME <b>Wm. H. Smith</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Backer</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Ann Smith</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. None</b>		16. SOCIAL SECURITY NO. <b>490 09 2634</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Ann Smith, 1109 S. Park, Indep. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>  ANTECEDENT CAUSES <b>bronchial</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intractable Asthma</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>4 Day's</b>  <b>10 Years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241X</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1943, to 2710 _____, 1949, that I last saw the deceased alive on <b>Feb 9</b> , 1949, and that death occurred on <b>11.10 pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>11018 Winner Rd. Indep. Mo.</b>		23c. DATE SIGNED <b>Feb 12, 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 14, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-12-49</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Indep. Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48448  
0

AUG 10 1949

APR 16 1949

NOV 10 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Dependence, 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.