LEND AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24233
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2738
(c) City Kansas City (d) Street No. 1322 Pasco St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susie Smith 530
(a) Residence, No. 1322 Pasco, 2nd fl St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Earl Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1882.
7. AGE YEARS 56 MONTHS 1 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Matron
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

FATHER
13. NAME Thomas Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

MOTHER
15. MAIDEN NAME Maria Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

17. INFORMANT (ADDRESS) Earl Smith 1322 Pasco
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/7 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros 1729 Lydia
20. FILED 7-7 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/2 1938, to 7/3 1938
I last saw her alive on 7/3 1938 Death is said to have occurred on the date stated above, at 1:55 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Heart Disease 9 50

Other contributory causes of importance:

Coronary Disease

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Eugene B. Perry M. D.
(Address) 1214 Vine, K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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APR 15 1954

APR 16 1954

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, T. B. Hatkins, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed T. B. Hatkins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

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, above space should be left blank.