

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

11 1939
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4470

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
North East Hospital 7th & Bennington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 2

(a) State Kansas (b) County Shawnee

(c) City or town Topeka
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Madison
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HAD SMITH 530

(b) If veteran, name war No

(c) Social Security No. Don't Know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1939 hour 4 PM minute _____ M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Smith

6. (c) Age of husband or wife if alive Don't Know years

7. Birth date of deceased July 14 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-7, 1939, to 11-22, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 4 Days 8 If less than one day
hr. _____ min. _____

Immediate cause of death Acute Distention of the heart due to myocardial degeneration

Due to Acute Glomerulonephritis - M. O.

9. Birthplace Don't know
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Leander Smith

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Emma Smith

(b) Address Topeka, Kansas

17. (a) Removal (b) Date thereof Nov 22 '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Kansas

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address 3811 Brady St. Topeka

19. (a) Nov. 23 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? 3 (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) DD

Address 500 1/2 Street Topeka Date signed 11-22-39

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 _____

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

Signed

Joseph A. Keller

Licensed Embalmer No. 3738

P. O. Address 7 E. 145

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.