

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

4808

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community 25 years
years, months or days

3. (a) PRINT FULL NAME May Anna Smith, 550

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry F. Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	8	29	br. mip.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name No Record Brown,

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

14. Maiden name No Record
(City, town, or county) (State or foreign country)

15. Birthplace No Record.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis C. Smith
(b) Address 1221 Harrison Str., K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 19th, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn, Cemetery.

18. (a) Signature of funeral director Ers. C. L. Forster,
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Dec. 19, 1939 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
year 1939 hour 12 minute 30 A.M. M.

21. I hereby certify that I attended the deceased from Dec. 8th
1939 to Dec. 17th, 1939;

that I last saw her alive on Dec. 17th, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral terminal hypostatic

Bronchopneumonia

Due to Senility with senile psychosis

and Cardiac decompensation

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. J. DeMunn M.D. M. D. or other _____
Supt. K.C. Gen. Hospital 12-18-39
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

JAN 13 1940

MOTHER FATHER

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 me

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

Signed Sharon A. Rudman

Licensed Embalmer No. 2737

P. O. Address P.O. me

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.