

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.

FILED MAR 11 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
2200 Paseo  
 (If not in hospital or institution, write street number or location) **V**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 21 years  
 years, months or days)

3. (a) PRINT FULL NAME 53 Benjamin Smith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. January 23, 1909  
 (Month) (Day) (Year)

8. AGE: Years 21 Months 0 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Porter

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name George Smith  
 { 13. Birthplace Higginsville Missouri  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Lena Moten  
 { 15. Birthplace Olathe Kansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Smith  
 (b) Address 2200 Paseo

17. (a) burial (b) Date thereof 2-10-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hickins  
 (b) Address 1729 Lydia

19. (a) Feb. 9, 1940 (b) M. M. Crow  
 (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. 2200 Paseo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-5-40 day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute 5 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Heart Failure, Edema & Anuria  
 Due to General Hydrocephalus  
Brain tumor Post form  
 Due to (malignant) ( )

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury H  
 23. Signature Resall (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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 Isaac Jerome Mauler

Licensed Embalmer No. 3994

P. O. Address 120 E. 23rd St

**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.**

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