

399
Registration District No. _____

RECEIVED DEC 11 1940
Secondary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution:
333 N White
(d) Length of stay: In hospital or institution. 18 years
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 333 N White
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MAGGIE SMITH
3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 18 1940
year _____ hour _____ minute 9:50 A.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elliott Smith 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 21, 1867

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw _____ on _____ 19____
and that death occurred on the date and hour stated above.
If not the cause of death _____

8. AGE: Years 73 Months 6 Days 7 If less than one day
hr. _____ min. _____

Hemopericardium
Due to acute myocardial infarction
Due to rupture of the heart
acute coronary occlusion
(Include pregnancy within 3 months of death)

9. Birthplace Missouri
10. Usual occupation Homemaker

Major findings: 95B1
Of operations _____
Of autopsy Yes
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name J. O. Griffin
13. Birthplace Unknown
14. Maiden name Mary Dysart
15. Birthplace Unknown

16. (a) Informant Elliott Smith
(b) Address 333 N White, K.C. Mo.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Nov. 30-40
(c) Place: burial or cremation Mt Washington Cemetery
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K.C. Mo.
19. (a) 11-29-40 (b) M. M. Brown

23. Signature [Signature] (M. D. or other) _____
Address K.C. Mo. Date signed _____

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..... *H. D. Blackman*

..... Licensed Embalmer No. *3639*

..... P. O. Address..... *K. C. M*

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.