

JAN 17 1940  
Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 207

28

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

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Lee's Summit (Prairie View)  
(c) Name of hospital or institution:  
R.F.D. 6 mi S.W.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 73 yrs  
In this community 73 yrs  
(Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Lee's Summit  
(d) Street No. R.F.D. 6 mi S.W.  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1940 hour 11 am minute 0 M.

21. I hereby certify that I attended the deceased from 11-29, 1940, to 12-1, 1940  
that I last saw a alive on 12-1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature of funeral director N.B. Langford  
Address Lee's Summit Mo  
23. Signature [Signature] (M. D. or other) 1940  
Address Lee's Summit Mo Date signed 12-2-40

3. (a) PRINT FULL NAME Fannie Ware Smith

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. F. Smith 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Sept - 2 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Jackson County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry or business Own Home

12. Name Collison Morris Ware

13. Birthplace Frankford (Ross) Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Jane Clark

15. Birthplace Frankford (Ross) Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lee Marquett (Daughter)  
(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 12-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director N.B. Langford

(b) Address Lee's Summit Mo

19. (a) 12-3-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**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.....

*W. B. Langford*

Licensed Embalmer No.....

*5833*

P. O. Address.....

*Leis Summit*

**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.**