

Registration District No. **299**

Primary Registration District No. **100**

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:
3119 Olive Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.**
In this community **50 years.**
years, months or days

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. **3119 Olive,**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **NO.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10th,**
year **1941** hour **11:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1922**, 19 **to Death**, 19**41**;
that I last saw **her** alive on **Jan 8**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombo-** Duration
sis

Due to **Aterial Sclerosis** *if app.*

Due to **Sembling**

Other conditions **gfa**

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? _____ (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 **B**

23. Signature **Mary J. Lower** (M. D. or other)
Address **4116 Walnut** Date signed **1-16-41**

3. (a) PRINT FULL NAME **Miss Avis E. Smith,**

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

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

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **October 17 1851**
(Month) (Day) (Year)

8. AGE: Years **89** Months **2** Days **24** If less than one day hr. min.

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

10. Usual occupation **Physician,**

11. Industry or business **X**

12. Name **James Smith**

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

14. Maiden name **Hilda Unk.**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **J. J. Gillis,**

(b) Address **Land Bank Bldg., K. C., Mo.**

17. (a) **Cremation,** (b) Date thereof **1-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Jan 13 1941** (b) **M. M. Grove**
(Date received local registrar) (Registrar's signature)

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

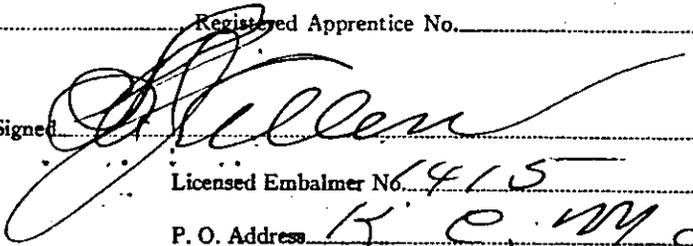
4116
115-8, 111

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 

Licensed Embalmer No. 1415

P. O. Address K. E. W. Co.

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.