

Registration District No. 100

Primary Registration District No. 55572

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Jackson Missouri
(b) City or town Jackson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Jackson Co Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs
(Specify whether
In this community 20 yrs
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. 712 E. 12th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE SMITH

3. (b) If veteran. name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Sept 15 1855
- (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace New York, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Beck, Foster Douglas
(b) Address 1413 Highland

17. (a) Funeral (b) Date thereof 1-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental Co

18. (a) Signature of funeral director Flynn + Greenstreet

(b) Address 1819 E. 15th KC Mo.

19. (a) 1-8-41 (b) Louis J. Beal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Jan 5, 1941;
that I last saw him alive on Jan 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

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? 0 30

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

23. Signature L. W. Booker (M. D. or other) D
Address 202 E. Union Date signed 1/6/41

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 Edw. Stevens

Licensed Embalmer No. 3836

P. O. Address 1876 15th St. N.W. Wash

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.