

**FILED APR 15 1941**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1170**

48

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

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: **202 East 34**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **55 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **4838**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
**202 East 34th**  
(If rural, give location)  
 (d) Street No. **202 East 34th**  
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Annie L. Smith**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **3** day **21**  
 year **1941** hour **2** minute **-** A.M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Austin W.**  
 6. (c) Age of husband or wife if alive **1** years  
 7. Birth date of deceased **February 29, 1860**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-20th**, 19**41**, to **3-20**, 19**41**  
 that I last saw him alive on **3-20**, 19**41**  
 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<b>81</b>		<b>21</b>	hr. <b>1</b> min.

Immediate cause of death **Angina pectoris**  
 Due to **arteriosclerosis**  
 Due to **arteriosclerosis**  
 Other conditions **arteriosclerosis**  
(Include pregnancy within 3 months of death)

9. Birthplace **Toledo Ohio**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **At Home**

Major findings:  
 Of operations **none**  
 Of autopsy **none**

11. Industry or business **Edward O'Malley**  
 12. Name **Edward O'Malley**  
 13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Annie L. Gavin**  
 15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs. Clara Smith**  
 (b) Address **202 East 34**  
 17. (a) **Burial** (b) Date thereof **3/22/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

While at work? **0**  
(Specify type of place) (b) Means of injury  
 23. Signature **Robert D. Ireland** (M. D. or other)  
 Address **315 Alameda Road** Date signed **3-21-41**

18. (a) Signature of funeral director **Quirk & Tiffin Co.**  
 (b) Address **K. C. Mo.**  
 19. (a) **3/21/41** (b) **M. M. Crowe**  
(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 *Harold Remy*.....

Licensed Embalmer No. *4097*.....

P. O. Address *2001 Linwood*.....

**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.**