

Registration District No. 299

Primary Registration District No. 1022

Registrar's No. _____

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:
1615 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home
In this community Over 2 yrs.
years, months or days) (Specify whether)

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. 1615 Woodland Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11:00 to _____ 1941
and that death occurred on the date and hour stated above.
In the case of death _____
Duration _____

Due to Chronic myocarditis
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy Cholesterol

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) _____ (Cause of injury)
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Ellen Smith

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife J. E. Smith 6. (c) Age of husband or wife if alive Ab. 69 years
7. Birth date of deceased 2 8 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business None

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 J. E. Smith

(b) Address 2000 Montgall

17. (a) Burial (b) Date thereof 3-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 1905 Vine

19. (a) 3/25/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

18
08/20

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

C. H. West

Licensed Embalmer No. *2710*

P. O. Address *Kansas City, Mo.*

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.