

FILED AUG 16 1941

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 2621

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1110 Hanson  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 41  
21. I hereby certify that I attended the deceased from 2:00 P.  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Sotim fluoride poisoning

3. (a) PRINT FULL NAME DOROTHY L. SMITH

3. (b) If veteran, name war No 710  
3. (c) Social Security No. 710

4. Sex Fe  
5. Color or race wh  
6. (a) Single, widowed, married, divorced, or married

6. (b) Name of husband or wife William Smith  
6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 17 1911  
(Month) (Day) (Year)

8. AGE: Years 30 Months 28 Days  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Bird Cot

12. Name Bird Cot

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

14. Maiden name Lillian Walker

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

16. (a) Informant Wm Smith

(b) Address 1110 Hanson

17. (a) Burial (b) Date thereof July 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenhau

18. (a) Signature of funeral director Bergman  
(b) Address 4301 - Mill Creek Pk

19. (a) 7-11-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Duration  
Due to  
Other conditions  
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) Suicide  
(b) Date of occurrence 7-9-41  
(c) Where did injury occur? K.C. Mo  
(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) Means of injury  
23. Signature M. M. Crowe (M. D. or other) 3  
Address K.C. Mo. Date signed

**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

*Harry E. Cragman*

Licensed Embalmer No. *2041*

P. O. Address *KC 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.**