

FILED SEP 12 1941

Registration District No. **399**

Primary Registration District No. **1002**

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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:
4044 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **16 years**
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. **4044 Harrison**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **X** years.

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3. (a) PRINT FULL NAME **Mrs. Lula Smith**

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

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

6. (b) Name of husband or wife **P. H. Smith** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **June 23 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 1 21 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **B. E. Wilson**

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

14. Maiden name **Mary McClure**

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

16. (a) Informant **Hanson Smith**

(b) Address **4044 Harrison, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **8/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

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

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

19. (a) **8/14/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13th**,
year **1941** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him **alive** and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive myocardial

Due to

Due to **930**

Other conditions (include pregnancy within 3 months of death)

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?

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

23. Signature **[Signature]** (M. D. or other) **3**

Address **[Address]** 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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address TC. C. 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, above space should be left blank.