

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hospital Bridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community urban years, months or days

3. (a) PRINT FULL NAME Wm & Smith

3. (b) If veteran, name war unkn

3. (c) Social Security No. _____

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years app 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation unkn

11. Industry or business _____

MOTHER FATHER { 12. Name unkn

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

14. Maiden name unkn

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

16. (a) Informant Coronary

(b) Address County Harper

17. (a) burial (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marly Hill R.C.K. Cemetery

18. (a) Signature of funeral director Leblond Carrallo

(b) Address 901 G St

19. (a) 8/16/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 20 S. 1st
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-30 1941
and that death occurred on the date and hour stated above.

I attribute cause of death _____
Duration _____

Railroad trauma

Due to 169-8-19

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings: 3x
Of operations _____

Of autopsy Inspection

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) Accident

(b) Date of occurrence 8-7-41

(c) Where did injury occur? K.C. (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? in public place

While at work _____
(Specify type of place) (Cause of injury)

23. Signature Wm M. Brown (M. D. or other) _____
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

Roy E. Snow

Licensed Embalmer No. *2560*

P. O. Address. *1807 East 29th*

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.