

FILED SEP 12 1941
Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

3220

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:
1721 East 17th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 East 17th Terr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23 41
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Acute Pulmonary Edema
Due to _____
Hypertension Myocardialis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93%

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 Russell W. Crow (M. D. or other) 3
Address _____ Date signed _____

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

4. Sex Fe 3. Color Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Seamstress

11. Industry or business _____
12. Name Thomas Lee
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Belle Anderson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Lee
(b) Address 1805 Grove
17. (a) burial (b) Date thereof 8/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter H. Crow
(b) Address 1729 Lydia
19. (a) 8/26/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Isaac Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.