

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30547**
Registrar's No. **3304**

Registration District No. **399**

Primary Registration District No. **1002**

748
96w
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: **803 Campbell**
(d) Length of stay: In hospital or institution **29 years**
In this community **29 years**

3. (a) PRINT FULL NAME **Lucy SMITH**
(b) If veteran, name war **No** (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **15, 1893**
7. Birth date of deceased **Feb. 15, 1893**

8. AGE: Years **48** Months **6** Days **14**
If less than one day hr. min.

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

10. Usual occupation **domestic**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Carine McDonald**
(b) Address **1518 E. 11th St.**

17. (a) **Burial** (b) Date thereof **9-3-41**
(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **E. Stahlbig**
(b) Address **1212 N. Olive St. K.C. Mo**

19. (a) **9/3/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1518 E. 11th St.**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **29** year **1941**
hour **10:00** minute **00** M.

21. I hereby certify that I attended the deceased from **8:30** 19 **41**
that I last **Deputy Coroner** saw him/her alive on **8:30** 19 **41**
and that **death** occurred on the date and hour stated above.
Immediate cause of death

Due **Hypertensive heart disease**
Due to **10/8**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or nontrauma (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) (a) Means of injury _____
23. Signature **W. C. Brown** (M. D. or other) **2**
Address **W. C. Brown** 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. Sterling Mills

Licensed Embalmer No.....

3178

P. O. Address.....

1213 ...

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.