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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38447

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 308

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 722 N Noland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 722 N Noland 4
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Lydia Carrie Smith

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

4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ira M Smith
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Mar (Month) 26 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	7	22	hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Tarsia Maness
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Sarah Ann Humphreys
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Fred Nute
(b) Address 712 Prospect Kans City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 (Month) (Day) 41 (Year)
(c) Place: burial or cremation Chapel Hill
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo
19. (a) Nov. 20/41 (Date received local registrar) (b) F L Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 18 day
year 1941 hour 3 P.M. minute 10 P.M.
21. I hereby certify that I attended the deceased from Nov 3rd, 1941 to Nov 18, 1941
that I last saw her alive on Nov 18, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis years following an acute attack of Pleurisy of 3 weeks duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
F L Cook M.D.
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 F L Cook M.D. (M. D. or other)
Address Independence Date signed 11-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Roland B. Spencer

Licensed Embalmer No. 3604

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.