

No. 2
4-13-40
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JAN 24 1942 3 99
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH: Jackson
 (a) County: Kansas City
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2725 Brooklyn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community: 77 years (Specify whether)
 years, months or days)

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

4. Sex: FE 3 | 5. Color or race: NEGRO | 6. (a) Single, widowed, married, divorced: 2
 6. (b) Name of husband or wife: Albert Smith | 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: March 2 1869
 (Month) (Day) (Year)

8. AGE: Years 72 | Months 9 | Days 3 | If less than one day
 hr. _____ min.

9. Birthplace: BOONEYVILLE MO. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: _____

MOTHER FATHER { 12. Name: HIRAM MARTIN
 13. Birthplace: MO 0
 (City, town, or county) (State or foreign country)

{ 14. Maiden name: LOUISE
 15. Birthplace: MO 0
 (City, town, or county) (State or foreign country)

16. (a) Informant: GLADYS GONLEY
 (b) Address: 2725 BROOKLYN AVE
 Burial 1278/41

17. (a) _____ (b) Date thereof: 1278/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: _____
 (b) Address: _____

19. (a) Dec 8 1941 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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.: 2725 Brooklyn
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: December 8th 1941
 Month _____ day _____ 45 A. M.
 year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from Dec 4, 1941 to Dec 5, 1941
 that I last saw her alive on Dec 4, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Labor Pneumonia
 Duration _____

Due to: _____
 Due to: 108

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? _____

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

23. Signature: _____ (M. D. or other)
 Address: 1705 E 12 Date signed: Dec 6, 1941

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 J. 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.