

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4895

1. PLACE OF DEATH  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 6715 East 35th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6715 East 35th (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 31 year 1941 hour 8 minute 45 A. M.

4. Sex Female Color White Race White  
5. (a) Single, Married, divorced  
6. (b) Name of husband or wife Ted V. Smith  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased October 10 - 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 31, 1941, to Dec 31, 1941; that I last saw him alive on Dec 31, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 2 Days 21 hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Canastota, Mo. (City, town or county) (State or foreign country)

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension

10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name Edward Porter  
13. Birthplace Germany  
14. Maiden name Smith  
15. Birthplace Iowa (City, town or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Ted V. Smith  
(b) Address 6715 East 35th  
17. (a) Burial (b) Date thereof 1-3-42  
(Burial, cremation, or reposed) (Specify type of place)  
(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director F. O. Donnell  
(b) Address 3756 Broadway N.E. Mo.  
19. (a) 12-31-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Sealbert Barymuntz (M. D. or other) \_\_\_\_\_  
Address 843 Argyle Bldg. Date signed Jan 4 1942

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

8930

0119010

830

*Wm. J. Rawley*  
*Apprentice No. 1234*

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**