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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 3-99

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9889

State File No.

Primary Registration District No. 1002

Registrar's No. 1304

48
3
8

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

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-18-42-3-21-42 (Specify whether
In this community unk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CARRIE SMITH

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced unk 9

6. (b) Name of husband or wife unk

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 25 (Day) 1885 (Year)

8. AGE: Years 56 Months 2 Days ~~24~~ 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Sol Coleman
13. Birthplace unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Charlotte Robinson
15. Birthplace unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A Schmuyer
(b) Address City Mortician

19. (a) 4-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 5 minute 00 a. M.

21. I hereby certify that I attended the deceased from
March 18, 1942 to March 21, 1942
that I last saw her alive on March 21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Lymphogranuloma Inguinale with toxemia	
Due to	
Due to 44a	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 0

Address Gen. Hosp. #2-600 E 22 Date signed 3-25-42

(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.....

....., 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.