

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-16-42-4-17-42
(Specify whether years, months or days)

In this community 10 years

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. 1019 Vine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME BEATRICE SMITH

3. (b) If veteran, name war. None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 2 minute 15 p. M.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Smith

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased May 15 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16 1942 to April 17 1942
that I last saw her alive on April 17 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>11</u>	<u>2</u>hr.min.

Immediate cause of death Generalized Peritonitis

Duration

9. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

Due to Perforation of the gut and Intestinal Obstruction from Old Colostomy

Spicture of rectum. Probably

Other conditions fracture
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name Warren Chism

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Peck

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

Major findings: 308

Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 4/20/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Jackkins Bros.

(b) Address 1729 Lydia

19. (a) 4-20-42 (b) M. M. Browne
(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?

While at work? (Specify type of place)

(e) Means of injury

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

Address Gen. Hosp. No. 2-600 E. 22 Date signed 4-20-42

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

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

Issac 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.